

<i>SERFF Tracking Number:</i>	<i>FORT-128083533</i>	<i>State:</i>	<i>Illinois</i>
<i>Filing Company:</i>	<i>Fortress Insurance Company</i>	<i>State Tracking Number:</i>	<i>FORT-128083533</i>
<i>Company Tracking Number:</i>	<i>FD-IL-R1-0212</i>		
<i>TOI:</i>	<i>11.0 Medical Malpractice - Claims</i>	<i>Sub-TOI:</i>	<i>11.0006 Dentists - General Practice</i>
	<i>Made/Occurrence</i>		
<i>Product Name:</i>	<i>Dental Professional Liability</i>		
<i>Project Name/Number:</i>	<i>FD-IL-R1-0212/FD-IL-R1-0212</i>		

Filing at a Glance

Company: Fortress Insurance Company			
Product Name: Dental Professional Liability	SERFF Tr Num: FORT-128083533	State: Illinois	
TOI: 11.0 Medical Malpractice - Claims	SERFF Status: Closed-Filed	State Tr Num: FORT-128083533	
Made/Occurrence			
Sub-TOI: 11.0006 Dentists - General Practice	Co Tr Num: FD-IL-R1-0212	State Status:	
Filing Type: Rate/Rule		Reviewer(s): Gayle Neuman	
	Authors: Florence Marafatsos, Erica Ames	Disposition Date: 06/08/2012	
	Date Submitted: 02/23/2012	Disposition Status: Filed	
Effective Date Requested (New): 09/01/2012		Effective Date (New): 09/01/2012	
Effective Date Requested (Renewal): 09/01/2012		Effective Date (Renewal): 09/01/2012	

State Filing Description:

General Information

Project Name: FD-IL-R1-0212	Status of Filing in Domicile: Pending
Project Number: FD-IL-R1-0212	Domicile Status Comments: IL is our state of domicile.
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/08/2012	
State Status Changed:	Deemer Date:
Created By: Erica Ames	Submitted By: Erica Ames
Corresponding Filing Tracking Number:	
Filing Description:	
Fortress Insurance Company	
NAIC #10801	

We are submitting amendments to our Rate/Rule Manual for Illinois Dental Professional Liability coverage. The proposed Rate changes are as follows:

- Proposed overall rate change for IL is 6.2%. This is for the Loss Free Credit (LFC) Offset. This will affect every

SERFF Tracking Number: FORT-128083533 State: Illinois
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Made/Occurrence
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Project Name/Number: FD-IL-R1-0212/FD-IL-R1-0212

policyholder.

- We are modifying the Increased Limits Factors for 250, 500 and 2m limits to .8, .89, 1.125 respectively. We are eliminating the 200/600 limit.
- We are filing the new 1-F class with a class relativity of 1.25
- We are modifying the class 2 relativity from 1.878 to 3.0
- We are filing the Flat Fee New Dentist Discount credit.

Proposed changes to the Rule Manual:

- Updated Policy Limits page
- Updated the Classifications page with the I-F Class Plan
- Updated the Professional Corporation, Association or Partnership page to our standard wording
- Updated the New Dentist Discount page
- Added Loss Free Credit

Also attached are other items required by your Department.

We are enclosing the revised pages from our Rates/Rule manual. Your review and approval is greatly appreciated. If you have questions or comments regarding this filing, please contact me directly.

Erica Ames
Regulatory Analyst
847-653-8832
State Narrative:

Company and Contact

Filing Contact Information

Erica Ames, Regulatory Analyst
6133 N. River Road
Suite 650
Rosemont, IL 60018

erica.ames@fortressins.com
800-522-6675 [Phone] 8466 [Ext]
847-653-8476 [FAX]

Filing Company Information

Fortress Insurance Company
6133 N. River Road
Suite 650
Rosemont, IL 60018

CoCode: 10801
Group Code: 508
Group Name: The National Group
FEIN Number: 36-4159841

State of Domicile: Illinois
Company Type: Property & Casualty
State ID Number:

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 Made/Occurrence
 Product Name: Dental Professional Liability
 Project Name/Number: FD-IL-R1-0212/FD-IL-R1-0212
 (847) 384-0062 ext. [Phone]

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fortress Insurance Company	\$0.00		

State Specific

Refer to our checklists prior to submitting filing

(http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm): Yes

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Yes

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. : http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp .: N/A

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: Yes

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": N/A

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: N/A

SERFF Tracking Number:	FORT-128083533	State:	Illinois
Filing Company:	Fortress Insurance Company	State Tracking Number:	FORT-128083533
Company Tracking Number:	FD-IL-R1-0212		
TOI:	11.0 Medical Malpractice - Claims Made/Occurrence	Sub-TOI:	11.0006 Dentists - General Practice
Product Name:	Dental Professional Liability		
Project Name/Number:	FD-IL-R1-0212/FD-IL-R1-0212		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	06/08/2012	06/08/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	03/01/2012	03/01/2012	Erica Ames	03/06/2012	03/14/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Professional Corporation, Association or Partnership	Erica Ames	05/10/2012	05/10/2012
Supporting Document	Manual	Erica Ames	05/10/2012	05/10/2012
Supporting Document	Actuarial Letter from Pinnacle Actuarial Resources	Erica Ames	05/10/2012	05/10/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
status	Note To Filer	Gayle Neuman	04/16/2012	04/16/2012
status update	Note To Reviewer	Erica Ames	04/16/2012	04/16/2012
clarification	Note To Filer	Gayle Neuman	03/06/2012	03/06/2012

<i>SERFF Tracking Number:</i>	<i>FORT-128083533</i>	<i>State:</i>	<i>Illinois</i>
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<i>TOI:</i>	<i>11.0 Medical Malpractice - Claims</i>	<i>Sub-TOI:</i>	<i>11.0006 Dentists - General Practice</i>
	<i>Made/Occurrence</i>		
<i>Product Name:</i>	<i>Dental Professional Liability</i>		
<i>Project Name/Number:</i>	<i>FD-IL-R1-0212/FD-IL-R1-0212</i>		

Clarification of Objection #3	Note To Reviewer	Erica Ames	03/05/2012 03/05/2012
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SERFF Tracking Number:	FORT-128083533	State:	Illinois
Filing Company:	Fortress Insurance Company	State Tracking Number:	FORT-128083533
Company Tracking Number:	FD-IL-R1-0212		
TOI:	11.0 Medical Malpractice - Claims Made/Occurrence	Sub-TOI:	11.0006 Dentists - General Practice
Product Name:	Dental Professional Liability		
Project Name/Number:	FD-IL-R1-0212/FD-IL-R1-0212		

Disposition

Disposition Date: 06/08/2012

Effective Date (New): 09/01/2012

Effective Date (Renewal): 09/01/2012

Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Fortress Insurance Company	9.800%	6.200%	\$59,725	642	\$963,305	%	%

SERFF Tracking Number: FORT-128083533 State: Illinois

Filing Company: Fortress Insurance Company State Tracking Number: FORT-128083533

Company Tracking Number: FD-IL-R1-0212

TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0006 Dentists - General Practice

Made/Occurrence

Product Name: Dental Professional Liability

Project Name/Number: FD-IL-R1-0212/FD-IL-R1-0212

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document (revised)	Manual		Yes
Supporting Document	Manual		Yes
Supporting Document	Manual		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Letter from Pinnacle Actuarial Resources		No
Rate	Table of Contents		Yes
Rate	Rates		Yes
Rate	Policy Limits		Yes
Rate	Classifications		Yes
Rate (revised)	Professional Corporation, Association or Partnership		Yes
Rate	Professional Corporation, Association or Partnership		Yes
Rate	Loss Free Credit		Yes
Rate	Extended Reporting (Tail) Coverage		Yes
Rate	Schedule Rating Program		Yes

SERFF Tracking Number: FORT-128083533 State: Illinois
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Company Tracking Number: FD-IL-R1-0212
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0006 Dentists - General Practice
Made/Occurrence
Product Name: Dental Professional Liability
Project Name/Number: FD-IL-R1-0212/FD-IL-R1-0212

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/01/2012
Submitted Date 03/01/2012
Respond By Date 03/15/2012

Dear Erica Ames,

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

1. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?
2. The filing is described as having an overall rate change that is for the Loss Free Credit offset. Please explain. How does this Loss Free Credit vary from the schedule rating program credit/debit for loss experience?
3. The rate/rule manual must indicate that the extended reporting period (tail coverage) premium must be priced as a factor of one of the following: (1) the last twelve months premium; (2) the premium in effect at policy issuance; or (3) the expiring annual premium.

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.htm

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,
Gayle Neuman

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Made/Occurrence
Product Name: Dental Professional Liability
Project Name/Number: FD-IL-R1-0212/FD-IL-R1-0212

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/06/2012
Submitted Date 03/14/2012

Dear Gayle Neuman,

Comments:

Thank you for your review of our submission, our response to your concerns is below.

Response 1

Comments: 1. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

The agency is ISO.

2. The filing is described as having an overall rate change that is for the Loss Free Credit offset. Please explain. How does this Loss Free Credit vary from the schedule rating program credit/debit for loss experience?

The Loss Free Credit will be a objective credit that will be systematically calculated at each renewal for all insureds.

We have updated the Schedule Rating Program to eliminate the application of credits.

3. The rate/rule manual must indicate that the extended reporting period (tail coverage) premium must be priced as a factor of one of the following: (1) the last twelve months premium; (2) the premium in effect at policy issuance; or (3) the expiring annual premium.

Per your instructions, the Extended Reporting (Tail) Coverage rule has been updated and is attached to the Rate/Rule Schedule Tab.

Also, the revised clean and compare Rule Manual is attached.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Manual

SERFF Tracking Number: FORT-128083533 State: Illinois
Filing Company: Fortress Insurance Company State Tracking Number: FORT-128083533
Company Tracking Number: FD-IL-R1-0212
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0006 Dentists - General Practice
Made/Occurrence
Product Name: Dental Professional Liability
Project Name/Number: FD-IL-R1-0212/FD-IL-R1-0212
Comment:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
Extended Reporting (Tail) Coverage	18	Replacement	FD-IL-R1-1208
Schedule Rating Program	15	Replacement	FD-IL-R1-1208

Thank you for your continued review of our submission.

Sincerely,
Erica Ames, Florence Marafatsos

SERFF Tracking Number: FORT-128083533 State: Illinois
 Filing Company: Fortress Insurance Company State Tracking Number: FORT-128083533
 Company Tracking Number: FD-IL-R1-0212
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0006 Dentists - General Practice
 Made/Occurrence
 Product Name: Dental Professional Liability
 Project Name/Number: FD-IL-R1-0212/FD-IL-R1-0212

Amendment Letter

Submitted Date: 05/10/2012

Comments:

Pinnacle Actuarial Resources, Inc. (Pinnacle) has been retained by the Illinois Department of Insurance to review the actuarial aspects of medical professional liability insurance rate filings under their regulatory jurisdiction. In the course of their review, they identified an issue that prevents them from being able to recommend acknowledgement of the filing without further support. Attached is their letter.

We ttached is our revised document according to their recommendation. We also updated our manual with the new effective date of 9/1/12.

Changed Items:

Rate/Rule Schedule Item Changes:

Exhibit Name:	Rule # or Page #:	Rate Action:	Previous State Filing Number:	Attach Document:
Professional Corporation, Association or Partnership	12	Replacement	Previous State Filing Num: FD-IL-R1-1208	Professional Corp Assn or Partnership pg 12 rev.pdf

Supporting Document Schedule Item Changes:

Satisfied -Name: Manual

Comment: The attached manual was updated with the new effective date.

Rate Manual IL 0912 rev1.pdf

IL Rate Manual 0912 compare.pdf

User Added -Name: Actuarial Letter from Pinnacle Actuarial Resources

Comment: Attached letter from Pinnacle Actuarial Resources identifying issues from reviewing our submission.

FortressFD-IL-R1-0212QuestionsLetter.pdf

SERFF Tracking Number: FORT-128083533 *State:* Illinois
Filing Company: Fortress Insurance Company *State Tracking Number:* FORT-128083533
Company Tracking Number: FD-IL-R1-0212
TOI: 11.0 Medical Malpractice - Claims *Sub-TOI:* 11.0006 Dentists - General Practice
Made/Occurrence
Product Name: Dental Professional Liability
Project Name/Number: FD-IL-R1-0212/FD-IL-R1-0212

Note To Filer

Created By:

Gayle Neuman on 04/16/2012 01:45 PM

Last Edited By:

Gayle Neuman

Submitted On:

06/08/2012 09:50 AM

Subject:

status

Comments:

The filing is being reviewed by our Actuarial Unit before reviews performed by our Legal Division and the Director.

SERFF Tracking Number: FORT-128083533

State: Illinois

Filing Company: Fortress Insurance Company

State Tracking Number: FORT-128083533

Company Tracking Number: FD-IL-R1-0212

TOI: 11.0 Medical Malpractice - Claims
Made/Occurrence

Sub-TOI: 11.0006 Dentists - General Practice

Product Name: Dental Professional Liability

Project Name/Number: FD-IL-R1-0212/FD-IL-R1-0212

Note To Reviewer

Created By:

Erica Ames on 04/16/2012 11:08 AM

Last Edited By:

Gayle Neuman

Submitted On:

06/08/2012 09:50 AM

Subject:

status update

Comments:

Hi Gayle,

May I have a status update for the above submission.

Thank you.

Erica Ames

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<i>Company Tracking Number:</i>	<i>FD-IL-R1-0212</i>		
<i>TOI:</i>	<i>11.0 Medical Malpractice - Claims</i>	<i>Sub-TOI:</i>	<i>11.0006 Dentists - General Practice</i>
	<i>Made/Occurrence</i>		
<i>Product Name:</i>	<i>Dental Professional Liability</i>		
<i>Project Name/Number:</i>	<i>FD-IL-R1-0212/FD-IL-R1-0212</i>		

Note To Filer

Created By:

Gayle Neuman on 03/06/2012 11:59 AM

Last Edited By:

Gayle Neuman

Submitted On:

06/08/2012 09:50 AM

Subject:

clarification

Comments:

The information is also in our checklists for your review prior to submitting a filing. Company Bulletin 88-50 was issued in 1988. It is also available on the website.

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TOI: 11.0 Medical Malpractice - Claims *Sub-TOI:* 11.0006 Dentists - General Practice
Made/Occurrence
Product Name: Dental Professional Liability
Project Name/Number: FD-IL-R1-0212/FD-IL-R1-0212

Note To Reviewer

Created By:

Erica Ames on 03/05/2012 02:55 PM

Last Edited By:

Gayle Neuman

Submitted On:

06/08/2012 09:50 AM

Subject:

Clarification of Objection #3

Comments:

Regarding objection #3, is there a statute we can reference for this objection?

Thanks for your help.

SERFF Tracking Number: FORT-128083533 State: Illinois
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Company Tracking Number: FD-IL-R1-0212
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0006 Dentists - General Practice
Made/Occurrence
Product Name: Dental Professional Liability
Project Name/Number: FD-IL-R1-0212/FD-IL-R1-0212

Post Submission Update Request Processed On 05/01/2012

Status: Allowed
Created By: Erica Ames
Processed By: Gayle Neuman
Comments:

General Information:

Field Name	Requested Change	Prior Value
Effective Date Requested (New)	09/01/2012	07/01/2012
Effective Date Requested (Renew)	09/01/2012	07/01/2012

SERFF Tracking Number:	FORT-128083533	State:	Illinois
Filing Company:	Fortress Insurance Company	State Tracking Number:	FORT-128083533
Company Tracking Number:	FD-IL-R1-0212		
TOI:	11.0 Medical Malpractice - Claims Made/Occurrence	Sub-TOI:	11.0006 Dentists - General Practice
Product Name:	Dental Professional Liability		
Project Name/Number:	FD-IL-R1-0212/FD-IL-R1-0212		

Rate Information

Rate data applies to filing.

Filing Method:	File and Use
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	5.000%
Effective Date of Last Rate Revision:	12/01/2008
Filing Method of Last Filing:	File and Use

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Fortress Insurance Company	9.800%	6.200%	\$59,725	642	\$963,305	%	%

SERFF Tracking Number: FORT-128083533

State: Illinois

Filing Company: Fortress Insurance Company

State Tracking Number: FORT-128083533

Company Tracking Number: FD-IL-R1-0212

TOI: 11.0 Medical Malpractice - Claims
Made/Occurrence

Sub-TOI: 11.0006 Dentists - General Practice

Product Name: Dental Professional Liability

Project Name/Number: FD-IL-R1-0212/FD-IL-R1-0212

Rate/Rule Schedule

Schedule Item Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
	Table of Contents	n/a	Replacement	FD-IL-R1-1208	Table of Contents.pdf
	Rates	1-4	Replacement	FD-IL-R1-1208	New Rates pgs 1-4.pdf
	Policy Limits	10	Replacement	FD-IL-R1-1208	Policy Limits pg 10.pdf
	Classifications	11	Replacement	FD-IL-R1-1208	Classifications pg 11.pdf
	Professional Corporation, Association or Partnership	12	Replacement	FD-IL-R1-1208	Professional Corp Assn or Partnership pg 12 rev.pdf
	Loss Free Credit	27	New		Loss Free Credit pg 27.pdf
	Extended Reporting (Tail) Coverage	18	Replacement	FD-IL-R1-1208	Extended Reporting (Tail) Coverage pg 18.pdf
	Schedule Rating Program	15	Replacement	FD-IL-R1-1208	Schedule Rating Program pg 15.pdf

Rule**Page Number**

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FORTRESS INSURANCE COMPANY
ILLINOIS RATES
Territory 1 – Cook County

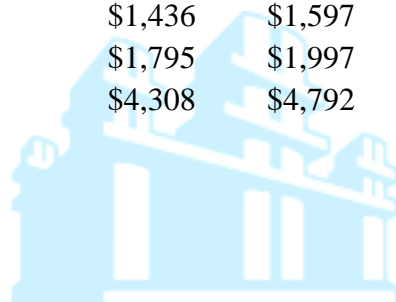
<u>Limits of Coverage</u>	<u>Class I</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$479	\$867	\$1,100	\$1,216	\$1,294
\$500,000/\$1,000,000	\$532	\$964	\$1,223	\$1,353	\$1,439
\$1,000,000/\$3,000,000	\$598	\$1,083	\$1,374	\$1,520	\$1,617
\$2,000,000/\$6,000,000	\$673	\$1,219	\$1,546	\$1,710	\$1,819

<u>Limits of Coverage</u>	<u>Class I-F</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$598	\$1,083	\$1,374	\$1,520	\$1,617
\$500,000/\$1,000,000	\$666	\$1,205	\$1,529	\$1,691	\$1,799
\$1,000,000/\$3,000,000	\$748	\$1,354	\$1,718	\$1,900	\$2,021
\$2,000,000/\$6,000,000	\$841	\$1,524	\$1,933	\$2,137	\$2,274

<u>Limits of Coverage</u>	<u>Class II</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$1,436	\$2,600	\$3,299	\$3,648	\$3,881
\$500,000/\$1,000,000	\$1,597	\$2,893	\$3,670	\$4,058	\$4,317
\$1,000,000/\$3,000,000	\$1,795	\$3,250	\$4,123	\$4,560	\$4,851

Occurrence

<u>Limits of Coverage</u>	\$250,000/ \$750,000	\$500,000/ \$1,000,000	\$1,000,000/ \$3,000,000	\$2,000,000/ \$6,000,000
Class I	\$1,436	\$1,597	\$1,795	\$2,019
Class I-F	\$1,795	\$1,997	\$2,244	\$2,524
Class II	\$4,308	\$4,792	\$5,385	



FORTRESS

FORTRESS INSURANCE COMPANY
ILLINOIS RATES
Territory 2 – Remainder of State

<u>Limits of Coverage</u>	<u>Class I</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$413	\$747	\$948	\$1,048	\$1,115
\$500,000/\$1,000,000	\$459	\$831	\$1,054	\$1,166	\$1,241
\$1,000,000/\$3,000,000	\$516	\$934	\$1,185	\$1,310	\$1,394
\$2,000,000/\$6,000,000	\$580	\$1,051	\$1,333	\$1,474	\$1,568

<u>Limits of Coverage</u>	<u>Class I-F</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$516	\$934	\$1,185	\$1,310	\$1,394
\$500,000/\$1,000,000	\$574	\$1,039	\$1,318	\$1,458	\$1,551
\$1,000,000/\$3,000,000	\$645	\$1,167	\$1,481	\$1,638	\$1,742
\$2,000,000/\$6,000,000	\$725	\$1,313	\$1,666	\$1,843	\$1,960

<u>Limits of Coverage</u>	<u>Class II</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$1,238	\$2,241	\$2,843	\$3,145	\$3,345
\$500,000/\$1,000,000	\$1,377	\$2,493	\$3,163	\$3,498	\$3,722
\$1,000,000/\$3,000,000	\$1,547	\$2,802	\$3,554	\$3,931	\$4,182

Occurrence

<u>Limits of Coverage</u>	\$250,000/ \$750,000	\$500,000/ \$1,000,000	\$1,000,000/ \$3,000,000	\$2,000,000/ \$6,000,000
Class I	\$1,238	\$1,377	\$1,547	\$1,741
Class I-F	\$1,547	\$1,721	\$1,934	\$2,176
Class II	\$3,713	\$4,131	\$4,642	



FORTRESS

Policy Limits

The minimum policy limits offered by the Company to dentists will be \$250,000 per patient and \$750,000 total limit. Increased limits will be available up to \$2,000,000 per patient and \$6,000,000 total limit.



FORTRESS

Classifications

Class	Specialty/Classification
Class I	General Dentistry
	Endodontics
	Pediatric Dentistry
	Orthodontics
	Dental Public Health
	Prosthodontics
	Periodontics
Class I-F	Oral & Maxillofacial Radiology
	Oral & Maxillofacial Pathology
	Dentists defined in Class I who administer moderate sedation, or who treat patients under moderate sedation (includes IV/IM and multi-dose oral sedation) or deep sedation (general anesthesia)
	Dentists defined in Class I who perform surgical placement of implants or extraction of impacted teeth
Class II	Dental Anesthesiology
	Dentists defined in Class I and Class I-F who administer moderate sedation to patients other than their own, or who administer deep sedation (general anesthesia)

Professional Corporation, Association or Partnership

Fortress provides coverage for organizations on a shared limit basis (additional insured) and via a separate organization policy as outlined below:

Shared Limit Basis (Additional Insured)

- A. Coverage for a dentist's sole shareholder corporation is available under his/her individual policy. A dentist may not add a corporation as an additional insured on his/her policy unless it is a sole shareholder corporation or entity, which he owns 100%.
- B. Coverage may be provided on a shared limit basis to corporate entities owned 100% by an organization, which maintains a Fortress Organization policy. The additional insured entity must be endorsed onto the Fortress policy for coverage to apply. An example of an acceptable additional insured would be an organization created and 100% owned by the named insured entity to perform administrative duties for the named insured or a practice site 100% owned by the named insured operating under a separate corporate entity or trade name (DBA).

Separate Limit Basis (Organization Policy)

Coverage may be provided via a separate organization policy for an additional premium. The premium will be calculated as follows:

1. 10% of the premium for each dentist insured by the Company;
2. 20% of the premium calculated at the Company's rates (mature rate if claims made policy is issued), for each dentist insured by another carrier.

To be considered for a separate limit policy the following criteria must be met:

1. A minimum of 75% of the underlying dentists must be insured with Fortress and maintain limits greater than or equal to the Organization.
2. Dentists not insured with Fortress must demonstrate continuous insurance and maintain limits of liability greater than or equal to the Organization. Certificates of insurance or a copy of their Declarations Page should be provided to Fortress.
3. All dentists who maintain an ownership interest in the organization must be insured with Fortress.

Loss Free Credit

Dentists who can demonstrate a five year loss free profile as of the original effective date of coverage, and/or at the time of renewal review (evaluation period), will be eligible for a 10% discount.

For purposes of this program “loss” has been defined as any of the following occurring during the evaluation period:

- Any claim with an indemnity payment, regardless of amount;
- Frequency of two or more claims reported during a five year period, regardless of expense or indemnity payment.

If either of the above is met the loss free status reverts to 0 years as of policy issuance or the time of renewal.

The loss free credit will be extended over loss free years based on the following guidelines:

- The applicant/insured must be able to demonstrate continuous professional liability coverage during the evaluation period via: Declaration Pages, Extended Reporting Endorsements and/or Certificates of Insurance.
- The applicant/insured must be able to demonstrate five years of eligible loss free experience. Claims histories from all carriers within the last five year period must be submitted for review at the time of application. Periods of training and/or periods of alternative coverage may not be eligible for the application of the credit. Examples of alternate coverage include, but are not limited to, risk retention groups, captives, trusts, and risk purchasing groups

Extended Reporting (Tail) Coverage

Upon cancellation or non-renewal of the policy the insured will be eligible for unlimited extended reporting (tail) coverage. The premium for this coverage will be calculated as outlined below. In the event the policy cancellation is a result of an insured's death or total disability the tail will be issued at no charge. We will also provide tail at no cost to the policyholder if he/she permanently retires from the practice of dentistry, at any age, provided he/she has been continuously insured by Fortress for five consecutive years immediately preceding retirement. If the insured permanently retires, and has not been insured by Fortress for five years immediately preceding retirement, a credit of 20% for each consecutive 12 month period will be applied to the reporting endorsement premium.

Reporting Endorsement Calculation for Individual Risks:

Expiring Annual Premium

X 1.31

= *Reporting Endorsement Premium*

Reporting Endorsement Calculation for Corporate Risks:

Expiring Annual Premium

X 1.31

= *Reporting Endorsement Premium*

* Note: Suspension of Insurance credit will not be included in the calculation.

Schedule Rating Program

The Company may apply a schedule credit or debit, based on underwriting judgment, to policyholders who demonstrate certain risk characteristics not contemplated in the filed rate structure. The underwriter will consider the following when determining whether to apply a schedule credit or debit:

- a. Historical loss experience;
- b. Claim anomalies in the historical loss experience;
- c. Cumulative number of years of patient experience;
- d. Management control procedures.

In recognition of the above factors, the Company will apply a credit or debit to the applicable rate based on the overall evaluation of the risk.

The maximum schedule debit is 25%.

Refer to “Loss Free Credit” for applicable discount due to favorable loss experience.

SERFF Tracking Number: FORT-128083533 State: Illinois
Filing Company: Fortress Insurance Company State Tracking Number: FORT-128083533
Company Tracking Number: FD-IL-R1-0212
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0006 Dentists - General Practice
Made/Occurrence
Product Name: Dental Professional Liability
Project Name/Number: FD-IL-R1-0212/FD-IL-R1-0212

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Explanatory Memorandum		
Bypass Reason: See Filing Description on General Information tab.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Form RF3 - (Summary Sheet)		
Comments:		
Attachment: Form RF-3.pdf		

	Item Status:	Status Date:
Satisfied - Item: Certification		
Comments:		
Attachment: ILLINOIS CERTIFICATION.pdf		

	Item Status:	Status Date:
Satisfied - Item: Manual		
Comments: The attached manual was updated with the new effective date.		
Attachments: Rate Manual IL 0912 rev1.pdf IL Rate Manual 0912 compare.pdf		

	Item Status:	Status Date:
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<i>SERFF Tracking Number:</i>	<i>FORT-128083533</i>	<i>State:</i>	<i>Illinois</i>
<i>Filing Company:</i>	<i>Fortress Insurance Company</i>	<i>State Tracking Number:</i>	<i>FORT-128083533</i>
<i>Company Tracking Number:</i>	<i>FD-IL-R1-0212</i>		
<i>TOI:</i>	<i>11.0 Medical Malpractice - Claims</i>	<i>Sub-TOI:</i>	<i>11.0006 Dentists - General Practice</i>
	<i>Made/Occurrence</i>		
<i>Product Name:</i>	<i>Dental Professional Liability</i>		
<i>Project Name/Number:</i>	<i>FD-IL-R1-0212/FD-IL-R1-0212</i>		

Satisfied - Item: Actuarial Memorandum

Comments:

Our actuaries have stated in their memorandum that their analysis was prepared for Fortress internal use. However, Fortress hereby acknowledges this filing memorandum will not be held as confidential.

Attachment:

Filing Memo-IL DPL-FINAL.pdf

Item Status:

Status

Date:

Satisfied - Item: Actuarial Letter from Pinnacle
Actuarial Resources

Comments:

Attached letter from Pinnacle Actuarial Resources identifying issues from reviewing our submission.

Attachment:

FortressFD-IL-R1-0212QuestionsLetter.pdf

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 07/01/2012.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger	0	0
	Commercial	0	0
2	Automobile Physical Damag Private Passenger	0	0
	Commercial	0	0
3.	Liability Other Than Auto	0	0
4.	Burglary and Theft	0	0
5.	Glass	0	0
6.	Fidelity	0	0
7.	Surety	0	0
8.	Boiler and Machinery	0	0
9.	Fire	0	0
10.	Extended Coverage	0	0
11.	Inland Marine	0	0
12.	Homeowners	0	0
13.	Commercial Multi-Peril	0	0
14.	Crop Hail	0	0
15.	Other Dental Med Mal	963,305 as of 12/31/11	+6.2%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,

specify:

Filing applies to all classes and two territories: Cook County and

Remainder of State

Brief description of filing. (If filing follows rates of an advisory

Organization, specify

organization):

Increase of 6.2% which will affect every policyholder.

Also filing updates to the Rate/Rule manual.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Fortress Insurance Company

Name of Company

Erica Ames, Regulatory Analyst

Official – Title

ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Judd A. Johnson a duly authorized officer of Fortress Insurance Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Susan Forray a duly authorized actuary of Milliman, Inc., am authorized to certify on behalf of Fortress Insurance Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.



Signature and Title of Authorized Officer

Judd A. Johnson
Vice President, Strategic Planning
Fortress Insurance Company

2/15/12
Date



Signature, Title and Designation of Authorized Actuary

Susan Forray, FCAS, MAAA
Principal & Consulting Actuary
Milliman, Inc.

2/15/12
Date

Company FEIN #36-4159841; Filing #FD-IL-R1-0212
Fortress Insurance Company
6133 N. River Road, Suite 650
Rosemont, IL 60018-5173



FORTRESS INSURANCE COMPANY

DENTAL PROFESSIONAL LIABILITY INSURANCE

ILLINOIS

RATE/RULE MANUAL

Rule**Page Number**

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FORTRESS INSURANCE COMPANY
ILLINOIS RATES
Territory 1 – Cook County

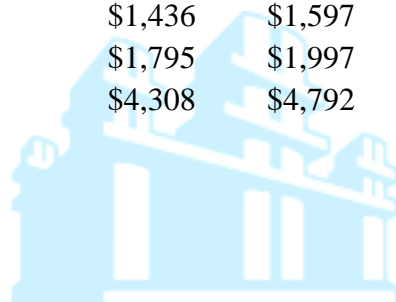
<u>Limits of Coverage</u>	<u>Class I</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$479	\$867	\$1,100	\$1,216	\$1,294
\$500,000/\$1,000,000	\$532	\$964	\$1,223	\$1,353	\$1,439
\$1,000,000/\$3,000,000	\$598	\$1,083	\$1,374	\$1,520	\$1,617
\$2,000,000/\$6,000,000	\$673	\$1,219	\$1,546	\$1,710	\$1,819

<u>Limits of Coverage</u>	<u>Class I-F</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$598	\$1,083	\$1,374	\$1,520	\$1,617
\$500,000/\$1,000,000	\$666	\$1,205	\$1,529	\$1,691	\$1,799
\$1,000,000/\$3,000,000	\$748	\$1,354	\$1,718	\$1,900	\$2,021
\$2,000,000/\$6,000,000	\$841	\$1,524	\$1,933	\$2,137	\$2,274

<u>Limits of Coverage</u>	<u>Class II</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$1,436	\$2,600	\$3,299	\$3,648	\$3,881
\$500,000/\$1,000,000	\$1,597	\$2,893	\$3,670	\$4,058	\$4,317
\$1,000,000/\$3,000,000	\$1,795	\$3,250	\$4,123	\$4,560	\$4,851

Occurrence

<u>Limits of Coverage</u>	\$250,000/ \$750,000	\$500,000/ \$1,000,000	\$1,000,000/ \$3,000,000	\$2,000,000/ \$6,000,000
Class I	\$1,436	\$1,597	\$1,795	\$2,019
Class I-F	\$1,795	\$1,997	\$2,244	\$2,524
Class II	\$4,308	\$4,792	\$5,385	



FORTRESS

FORTRESS INSURANCE COMPANY
ILLINOIS RATES
Territory 2 – Remainder of State

<u>Limits of Coverage</u>	<u>Class I</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$413	\$747	\$948	\$1,048	\$1,115
\$500,000/\$1,000,000	\$459	\$831	\$1,054	\$1,166	\$1,241
\$1,000,000/\$3,000,000	\$516	\$934	\$1,185	\$1,310	\$1,394
\$2,000,000/\$6,000,000	\$580	\$1,051	\$1,333	\$1,474	\$1,568

<u>Limits of Coverage</u>	<u>Class I-F</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$516	\$934	\$1,185	\$1,310	\$1,394
\$500,000/\$1,000,000	\$574	\$1,039	\$1,318	\$1,458	\$1,551
\$1,000,000/\$3,000,000	\$645	\$1,167	\$1,481	\$1,638	\$1,742
\$2,000,000/\$6,000,000	\$725	\$1,313	\$1,666	\$1,843	\$1,960

<u>Limits of Coverage</u>	<u>Class II</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$1,238	\$2,241	\$2,843	\$3,145	\$3,345
\$500,000/\$1,000,000	\$1,377	\$2,493	\$3,163	\$3,498	\$3,722
\$1,000,000/\$3,000,000	\$1,547	\$2,802	\$3,554	\$3,931	\$4,182

Occurrence

<u>Limits of Coverage</u>	\$250,000/ \$750,000	\$500,000/ \$1,000,000	\$1,000,000/ \$3,000,000	\$2,000,000/ \$6,000,000
Class I	\$1,238	\$1,377	\$1,547	\$1,741
Class I-F	\$1,547	\$1,721	\$1,934	\$2,176
Class II	\$3,713	\$4,131	\$4,642	



FORTRESS

Eligibility

In order for a dentist to be eligible for coverage, he or she must:

- a. Have a valid state license to practice dentistry;
- b. Not have knowingly made or caused to be made a false statement or misrepresentation of a material fact in applying for insurance.
- c. Have a claims and practice history considered to be acceptable to the Company.



FORTRESS

Policy Issued

A policy in a form approved by the Insurance Department will be delivered to each dentist insured upon receipt of the appropriate premium from said dentist.



FORTRESS

Policy Term

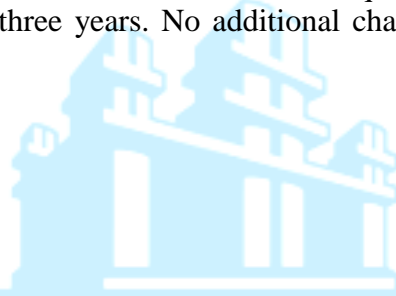
The term of each policy of insurance will be stated in the Declarations Page of the policy when issued. Unless otherwise requested by the dentist, policies will be written for a period of one year.



FORTRESS

Premiums

Premiums payable on each policy of insurance will be stated on a Declarations Page of the policy when issued. Premiums are due and payable at the inception of the policy term, except that installment payments of annual premiums shall be permitted as follows: 25% of such premium shall be due on the policy inception date and 25% of such premium shall be due three, six and nine months thereafter. The installment payment option shall be available to all insured except for those dentists who have been delinquent in their payments on more than two occasions in the past three years. No additional charge will be applied for installment payments.



FORTRESS

Basis of Coverage

Coverage will be issued by the Company on a claims-made or occurrence basis at the approved rates and conditions applicable to this type of insurance.



FORTRESS

Policy Limits

The minimum policy limits offered by the Company to dentists will be \$250,000 per patient and \$750,000 total limit. Increased limits will be available up to \$2,000,000 per patient and \$6,000,000 total limit.



FORTRESS

Classifications

Class	Specialty/Classification
Class I	General Dentistry
	Endodontics
	Pediatric Dentistry
	Orthodontics
	Dental Public Health
	Prosthodontics
	Periodontics
Class I-F	Oral & Maxillofacial Radiology
	Oral & Maxillofacial Pathology
	Dentists defined in Class I who administer moderate sedation, or who treat patients under moderate sedation (includes IV/IM and multi-dose oral sedation) or deep sedation (general anesthesia)
	Dentists defined in Class I who perform surgical placement of implants or extraction of impacted teeth
Class II	Dental Anesthesiology
	Dentists defined in Class I and Class I-F who administer moderate sedation to patients other than their own, or who administer deep sedation (general anesthesia)

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Fortress provides coverage for organizations on a shared limit basis (additional insured) and via a separate organization policy as outlined below:

Shared Limit Basis (Additional Insured)

- A. Coverage for a dentist's sole shareholder corporation is available under his/her individual policy. A dentist may not add a corporation as an additional insured on his/her policy unless it is a sole shareholder corporation or entity, which he owns 100%.
- B. Coverage may be provided on a shared limit basis to corporate entities owned 100% by an organization, which maintains a Fortress Organization policy. The additional insured entity must be endorsed onto the Fortress policy for coverage to apply. An example of an acceptable additional insured would be an organization created and 100% owned by the named insured entity to perform administrative duties for the named insured or a practice site 100% owned by the named insured operating under a separate corporate entity or trade name (DBA).

Separate Limit Basis (Organization Policy)

Coverage may be provided via a separate organization policy for an additional premium. The premium will be calculated as follows:

1. 10% of the premium for each dentist insured by the Company;
2. 20% of the premium calculated at the Company's rates (mature rate if claims made policy is issued), for each dentist insured by another carrier.

To be considered for a separate limit policy the following criteria must be met:

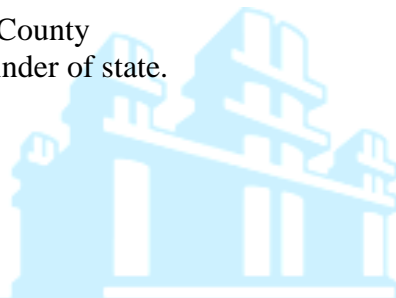
1. A minimum of 75% of the underlying dentists must be insured with Fortress and maintain limits greater than or equal to the Organization.
2. Dentists not insured with Fortress must demonstrate continuous insurance and maintain limits of liability greater than or equal to the Organization. Certificates of insurance or a copy of their Declarations Page should be provided to Fortress.
3. All dentists who maintain an ownership interest in the organization must be insured with Fortress.

Rating

The location of the dental practice determines the rating territory of an insured. If an insured practices in more than one territory, the higher rated territory shall be used to determine his or her premium.

The Territorial definitions are:

- Territory 1 – Cook County
- Territory 2 – Remainder of state.



FORTRESS

Deductibles

Insured who present additional risk exposure may be provided insurance subject to a policy deductible of up to \$25,000 per claim/\$75,000 annual aggregate.



FORTRESS

Schedule Rating Program

The Company may apply a schedule credit or debit, based on underwriting judgment, to policyholders who demonstrate certain risk characteristics not contemplated in the filed rate structure. The underwriter will consider the following when determining whether to apply a schedule credit or debit:

- a. Historical loss experience;
- b. Claim anomalies in the historical loss experience;
- c. Cumulative number of years of patient experience;
- d. Management control procedures.

In recognition of the above factors, the Company will apply a credit or debit to the applicable rate based on the overall evaluation of the risk.

The maximum schedule debit is 25%.

Refer to “Loss Free Credit” for applicable discount due to favorable loss experience.

Termination or Conditional Renewal

Policies may be cancelled by insured at any time by submitting written notice to the Company or by surrender of the policy to the Company. Policies may be cancelled or non-renewed or conditionally renewed by or on behalf of the Company, as provided for under the Insurance Laws of the state.



FORTRESS

Computation of Return Premium

Whether cancellation occurs by the insured or by the Company, earned premium shall be computed pro-rata.



FORTRESS

Extended Reporting (Tail) Coverage

Upon cancellation or non-renewal of the policy the insured will be eligible for unlimited extended reporting (tail) coverage. The premium for this coverage will be calculated as outlined below. In the event the policy cancellation is a result of an insured's death or total disability the tail will be issued at no charge. We will also provide tail at no cost to the policyholder if he/she permanently retires from the practice of dentistry, at any age, provided he/she has been continuously insured by Fortress for five consecutive years immediately preceding retirement. If the insured permanently retires, and has not been insured by Fortress for five years immediately preceding retirement, a credit of 20% for each consecutive 12 month period will be applied to the reporting endorsement premium.

Reporting Endorsement Calculation for Individual Risks:

Expiring Annual Premium

X 1.31

= *Reporting Endorsement Premium*

Reporting Endorsement Calculation for Corporate Risks:

Expiring Annual Premium

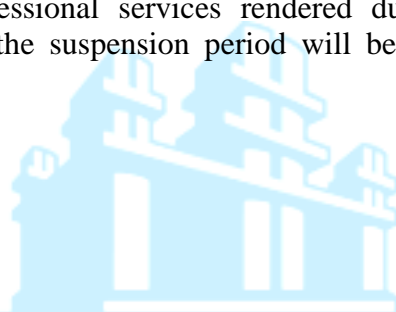
X 1.31

= *Reporting Endorsement Premium*

* Note: Suspension of Insurance credit will not be included in the calculation.

Suspension of Insurance

In the event a dentist is removed from practice by reason of disability, sabbatical or other reason for a period of at least three (3) months but not more than two (2) years, the dentist will be issued a Suspension of Insurance Endorsement. This Endorsement will allow for the reporting of claims during the suspension period arising from acts performed by the dentist prior to the commencement of the suspension period. The Endorsement will further contain exclusion related to professional services rendered during the suspension period. The premium charged during the suspension period will be 15% of the otherwise applicable policy premium.



FORTRESS

New Dentist Discount

The Company will provide premium discounts for a three year period to dentists who enter either a solo or a group private practice immediately following completion of their formal training. (Such formal training shall include the time spent on active military duty.)

The premium will be calculated as follows:

First Year

	Class I & I-F	Class II	Not otherwise classified
Claims Made	\$50	\$175	\$300
Occurrence	\$100	\$350	\$600

Second Year	40% Premium Credit
Third Year	25% Premium Credit

Policyholders who are receiving the first year New Dentist Discount will not be eligible for any additional premium credits, with the exception of Suspension of Insurance.

The rates of discount will not be increased in the event a dentist concurrently qualifies for a rate credit related to the Company's Part-Time Practice Program. In such instances, the premium credit granted shall be the one contained in the program that would provide the greater rate of discount.

In the event of cancellation of a claims made policy rated with the first year New Dentist Discount, the extended reporting (tail) coverage will be calculated as follows:

$$\text{First Year Fee} \times \text{Tail Factor}$$

Part-Time Practice Discounts

Fortress has established a rating structure to provide coverage for a dentist that has restricted his or her practice. A dentist must meet the following guidelines for part-time coverage in order to qualify for a reduced premium.

- 1) Dentists who are 55 years of age or older and can document (per the part-time application) that they practice less than 20 hours per week or 1000 hours per year;
- 2) Dentists who have a medically-certifiable disability which prohibits a full-time practice and who practice less than 20 hours per week or 1000 hours per year as a direct consequence of that disability;
- 3) Dentists who teach full-time in an ADA-approved training program and who are engaged in a private practice with appropriate patient follow-up not to exceed a total of 20 hours per week or 1000 hours per year outside the training institution;
- 4) Dentists who are students pursuing a medical or graduate degree on a full-time basis and are engaged in a private practice with appropriate patient follow up not to exceed a total of 20 hours per week or 1000 hours per year.
- 5) Dentists who have not reached the age of 55 who can meet all of the following requirements shown below (subject to Underwriting approval.)
 - a) Maintain a private practice of less than 20 hours per week or 1000 hours per year, and
 - b) Provide evidence that they are employed by or provide services on a fee-for-service or independent contractor basis for at least 20 hours per week or 1000 hours per year at another facility. Furthermore, the dentist must provide evidence that this other facility is providing professional liability insurance for this activity. Note: The dentist's policy will be endorsed to exclude professional services at this other facility.
- 6) Dentists who are stay-at-home care givers, who practice less than 20 hours per week or 1000 hours per year in a private practice may qualify for part-time.

To apply for part-time coverage, the dentist must complete a supplemental application for part-time coverage and provide the appropriate additional documentation. The dentist will periodically be required to submit updated documentation to verify continued part-time eligibility.

Premium discounted to part-time (50%) is calculated in the following manner:

Base rate X .50 (50%)

Risk Management Credits

A 10% Risk Management credit will be applied to the applicable rate for dentists who successfully complete a Risk Management program approved by the Company. The credit will be allowed for three (3) successive policy periods with the initial credit being applied to the first full policy period after completion of the program. However, if such completion occurs within sixty (60) days of the effective date of the current policy period, the first of the three credits will be applied to the current policy period.

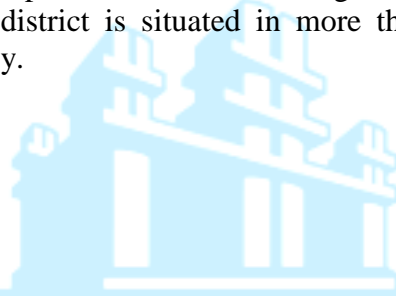


FORTRESS

Coverage for District Dental Societies

Professional liability coverage will be available to district dental societies by endorsement. Protection will be provided for claims for injury arising out of the district dental society rendering or failing to render professional services.

The premium for this coverage will be calculated at 15% of the rate applicable to a dentist who functions as a general practitioner in the rating territory where the district society is located. In the event the district is situated in more than one territory, the higher rated territory premium will apply.

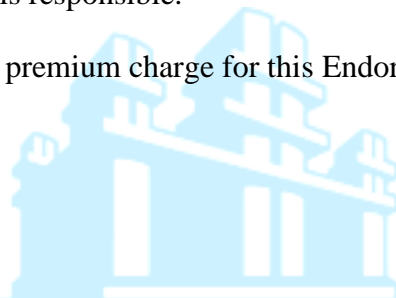


FORTRESS

Sales of Practice Additional Insured Endorsement Coverage

An Additional Insured Endorsement will be made available to policyholders to cover the former owner(s) of their dental practice. The Endorsement names the former owner(s) as an additional insured(s) and the coverage afforded by the Endorsement will be limited to the former owner's liability arising out of professional services which were provided (or should have been provided) by the insured who purchased the dental practice or by a person for whose conduct the insured is responsible.

There will be no additional premium charge for this Endorsement.



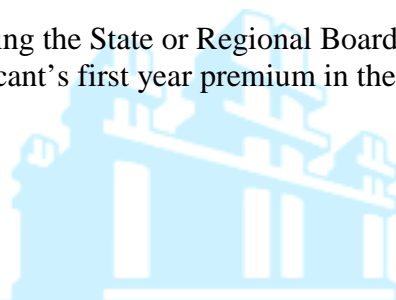
FORTRESS

Coverage for Dental Candidates

Professional liability coverage will be available to Dental Candidates while they are taking the State or Regional Board Examination for a license to practice dentistry in the state and only for that period of time.

All Dental Candidates will be insured by a policy providing limits of liability of \$1,000,000 per patient/\$3,000,000 total limit. The Company will charge a premium of \$25 for the policy. The policy will be issued upon payment of the policy premium.

After successfully completing the State or Regional Board Examination the \$25 premium will be applied to the applicant's first year premium in the event they secure a Fortress policy for their practice activities.



FORTRESS

Locum Tenens

Locum tenens is a Latin term that means one person who substitutes for another. Coverage can be afforded when an insured is temporarily away from his or her practice and another person practices in his or her place. The locum tenens dentist is only covered for specified dates. He or she is not afforded his or her own set of limits, but shares in our insured's limits of coverage.

This is available to our insured with the following guidelines:

- 1) The locum tenens dentist must submit a fully completed application and be approved by the underwriter prior to the first date of coverage.
- 2) If approved, locum tenens coverage will be provided at no additional charge for no more than 45 days during any one-policy period for both the individual and organization policies. If the number of days in a policy year exceeds this number, an additional premium will be calculated at 100% of the daily rate for each additional day.

FORTRESS

Loss Free Credit

Dentists who can demonstrate a five year loss free profile as of the original effective date of coverage, and/or at the time of renewal review (evaluation period), will be eligible for a 10% discount.

For purposes of this program “loss” has been defined as any of the following occurring during the evaluation period:

- Any claim with an indemnity payment, regardless of amount;
- Frequency of two or more claims reported during a five year period, regardless of expense or indemnity payment.

If either of the above is met the loss free status reverts to 0 years as of policy issuance or the time of renewal.

The loss free credit will be extended over loss free years based on the following guidelines:

- The applicant/insured must be able to demonstrate continuous professional liability coverage during the evaluation period via: Declaration Pages, Extended Reporting Endorsements and/or Certificates of Insurance.
- The applicant/insured must be able to demonstrate five years of eligible loss free experience. Claims histories from all carriers within the last five year period must be submitted for review at the time of application. Periods of training and/or periods of alternative coverage may not be eligible for the application of the credit. Examples of alternate coverage include, but are not limited to, risk retention groups, captives, trusts, and risk purchasing groups



FORTRESS INSURANCE COMPANY

DENTAL PROFESSIONAL LIABILITY INSURANCE

ILLINOIS

RATE/RULE MANUAL

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RATE/RULE MANUAL
DENTAL PROFESSIONAL LIABILITY INSURANCE

FORTRESS INSURANCE COMPANY
ILLINOIS RATES
Territory 1 – Cook County

Class I

<u>Limits of Coverage</u>	<u>Claims Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd year</u>	<u>4th Year</u>	<u>Mature</u>
\$200,000/\$600,000	411	745	945	1045	1112
\$500,000/\$1,000,000	480	869	1103	1220	1298
\$1,000,000/\$3,000,000	564	1020	1295	1432	1523
\$2,000,000/\$6,000,000	704	1276	1618	1790	1904

<u>Limits of Coverage</u>	<u>Occurrence</u>
\$200,000/\$600,000	1234
\$500,000/\$1,000,000	1440
\$1,000,000/\$3,000,000	1691
\$2,000,000/\$6,000,000	2113

Class II

<u>Limits of Coverage</u>	<u>Claims Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd year</u>	<u>4th Year</u>	<u>Mature</u>
\$1,000,000/\$3,000,000	1058	1916	2431	2689	2860

<u>Limits of Coverage</u>	<u>Occurrence</u>
\$1,000,000/\$3,000,000	3175

Class I

<u>Limits of Coverage</u>	<u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$479	\$867	\$1,100	\$1,216	\$1,294
\$500,000/\$1,000,000	\$532	\$964	\$1,223	\$1,353	\$1,439
\$1,000,000/\$3,000,000	\$598	\$1,083	\$1,374	\$1,520	\$1,617
\$2,000,000/\$6,000,000	\$673	\$1,219	\$1,546	\$1,710	\$1,819

RATE/RULE MANUAL
DENTAL PROFESSIONAL LIABILITY INSURANCE

<u>Limits of Coverage</u>	<u>Class I-F</u>				
	<u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
<u>\$250,000/\$750,000</u>	<u>\$598</u>	<u>\$1,083</u>	<u>\$1,374</u>	<u>\$1,520</u>	<u>\$1,617</u>
<u>\$500,000/\$1,000,000</u>	<u>\$666</u>	<u>\$1,205</u>	<u>\$1,529</u>	<u>\$1,691</u>	<u>\$1,799</u>
<u>\$1,000,000/\$3,000,000</u>	<u>\$748</u>	<u>\$1,354</u>	<u>\$1,718</u>	<u>\$1,900</u>	<u>\$2,021</u>
<u>\$2,000,000/\$6,000,000</u>	<u>\$841</u>	<u>\$1,524</u>	<u>\$1,933</u>	<u>\$2,137</u>	<u>\$2,274</u>

<u>Limits of Coverage</u>	<u>Class II</u>				
	<u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
<u>\$250,000/\$750,000</u>	<u>\$1,436</u>	<u>\$2,600</u>	<u>\$3,299</u>	<u>\$3,648</u>	<u>\$3,881</u>
<u>\$500,000/\$1,000,000</u>	<u>\$1,597</u>	<u>\$2,893</u>	<u>\$3,670</u>	<u>\$4,058</u>	<u>\$4,317</u>
<u>\$1,000,000/\$3,000,000</u>	<u>\$1,795</u>	<u>\$3,250</u>	<u>\$4,123</u>	<u>\$4,560</u>	<u>\$4,851</u>

OccurrenceLimits of Coverage

	<u>\$250,000/ \$750,000</u>	<u>\$500,000/ \$1,000,000</u>	<u>\$1,000,000/ \$3,000,000</u>	<u>\$2,000,000/ \$6,000,000</u>
<u>Class I</u>	<u>\$1,436</u>	<u>\$1,597</u>	<u>\$1,795</u>	<u>\$2,019</u>
<u>Class I-F</u>	<u>\$1,795</u>	<u>\$1,997</u>	<u>\$2,244</u>	<u>\$2,524</u>
<u>Class II</u>	<u>\$4,308</u>	<u>\$4,792</u>	<u>\$5,385</u>	



FORTRESS

FORTRESS INSURANCE COMPANY
ILLINOIS RATES
Territory 2 – Remainder of State

Class I

<u>Limits of Coverage</u>	<u>Claims Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>Mature</u>
\$200,000/\$600,000	355	642	815	901	958
\$500,000/\$1,000,000	414	749	951	1051	1119
\$1,000,000/\$3,000,000	486	880	1116	1234	1313
\$2,000,000/\$6,000,000	607	1099	1395	1543	1641

<u>Limits of Coverage</u>	<u>Occurrence</u>
\$200,000/\$600,000	1064
\$500,000/\$1,000,000	1242
\$1,000,000/\$3,000,000	1457
\$2,000,000/\$6,000,000	1822

Class II

<u>Limits of Coverage</u>	<u>Claims Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>Mature</u>
\$1,000,000/\$3,000,000	912	1652	2096	2318	2465

<u>Limits of Coverage</u>	<u>Occurrence</u>
\$1,000,000/\$3,000,000	2737

Class I

<u>Limits of Coverage</u>	<u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$413	\$747	\$948	\$1,048	\$1,115
\$500,000/\$1,000,000	\$459	\$831	\$1,054	\$1,166	\$1,241

DENTAL PROFESSIONAL LIABILITY INSURANCE**RATE/RULE MANUAL**

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<u>\$1,000,000/\$3,000,000</u>	<u>\$516</u>	<u>\$934</u>	<u>\$1,185</u>	<u>\$1,310</u>	<u>\$1,394</u>
<u>\$2,000,000/\$6,000,000</u>	<u>\$580</u>	<u>\$1,051</u>	<u>\$1,333</u>	<u>\$1,474</u>	<u>\$1,568</u>

<u>Limits of Coverage</u>	<u>Class I-F</u>				
	<u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
<u>\$250,000/\$750,000</u>	<u>\$516</u>	<u>\$934</u>	<u>\$1,185</u>	<u>\$1,310</u>	<u>\$1,394</u>
<u>\$500,000/\$1,000,000</u>	<u>\$574</u>	<u>\$1,039</u>	<u>\$1,318</u>	<u>\$1,458</u>	<u>\$1,551</u>
<u>\$1,000,000/\$3,000,000</u>	<u>\$645</u>	<u>\$1,167</u>	<u>\$1,481</u>	<u>\$1,638</u>	<u>\$1,742</u>
<u>\$2,000,000/\$6,000,000</u>	<u>\$725</u>	<u>\$1,313</u>	<u>\$1,666</u>	<u>\$1,843</u>	<u>\$1,960</u>

<u>Limits of Coverage</u>	<u>Class II</u>				
	<u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
<u>\$250,000/\$750,000</u>	<u>\$1,238</u>	<u>\$2,241</u>	<u>\$2,843</u>	<u>\$3,145</u>	<u>\$3,345</u>
<u>\$500,000/\$1,000,000</u>	<u>\$1,377</u>	<u>\$2,493</u>	<u>\$3,163</u>	<u>\$3,498</u>	<u>\$3,722</u>
<u>\$1,000,000/\$3,000,000</u>	<u>\$1,547</u>	<u>\$2,802</u>	<u>\$3,554</u>	<u>\$3,931</u>	<u>\$4,182</u>

Occurrence

<u>Limits of Coverage</u>	<u>\$250,000/ \$750,000</u>	<u>\$500,000/ \$1,000,000</u>	<u>\$1,000,000/ \$3,000,000</u>	<u>\$2,000,000/ \$6,000,000</u>
<u>Class I</u>	<u>\$1,238</u>	<u>\$1,377</u>	<u>\$1,547</u>	<u>\$1,741</u>
<u>Class I-F</u>	<u>\$1,547</u>	<u>\$1,721</u>	<u>\$1,934</u>	<u>\$2,176</u>
<u>Class II</u>	<u>\$3,713</u>	<u>\$4,131</u>	<u>\$4,642</u>	

FORTRESS

Eligibility

In order for a dentist to be eligible for coverage, he or she must:

- a. Have a valid state license to practice dentistry;
- b. Not have knowingly made or caused to be made a false statement or misrepresentation of a material fact in applying for insurance.
- c. Have a claims and practice history considered to be acceptable to the Company.



FORTRESS

Policy Issued

A policy in a form approved by the Insurance Department will be delivered to each dentist insured upon receipt of the appropriate premium from said dentist.



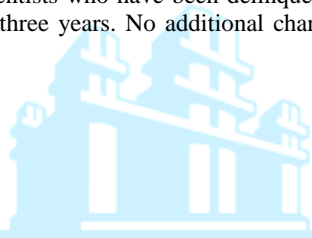
Policy Term

The term of each policy of insurance will be stated in the Declarations Page of the policy when issued. Unless otherwise requested by the dentist, policies will be written for a period of one year.



Premiums

Premiums payable on each policy of insurance will be stated on a Declarations Page of the policy when issued. Premiums are due and payable at the inception of the policy term, except that installment payments of annual premiums shall be permitted as follows: 25% of such premium shall be due on the policy inception date and 25% of such premium shall be due three, six and nine months thereafter. The installment payment option shall be available to all insured except for those dentists who have been delinquent in their payments on more than two occasions in the past three years. No additional charge will be applied for installment payments.



FORTRESS

Basis of Coverage

Coverage will be issued by the Company on a claims-made or occurrence basis at the approved rates and conditions applicable to this type of insurance.



Policy Limits

The minimum policy limits offered by the Company to dentists will be \$~~200~~250,000 per patient and \$~~600~~750,000 total limit. Increased limits will be available up to \$2,000,000 per patient and \$6,000,000 total limit.



FORTRESS

Classifications

The Company will provide

<u>Class</u>	<u>Specialty/Classification</u>
<u>Class I</u>	<u>General Dentistry</u>
	<u>Endodontics</u>
	<u>Pediatric Dentistry</u>
	<u>Orthodontics</u>
	<u>Dental Public Health</u>
	<u>Prosthodontics</u>
	<u>Periodontics</u>
<u>Class I-F</u>	<u>Oral & Maxillofacial Radiology</u>
	<u>Oral & Maxillofacial Pathology</u>
	<u>Dentists defined in Class I who administer moderate sedation, or who treat patients under moderate sedation (includes IV/IM and multi-dose oral sedation) or deep sedation (general anesthesia)</u>
	<u>Dentists defined in Class I who perform surgical placement of implants or extraction of impacted teeth</u>
<u>Class II</u>	<u>Dental Anesthesiology</u>
	<u>Dentists defined in Class I and Class I-F who administer moderate sedation to patients other than their own, or who administer deep sedation (general anesthesia)</u>

Professional Corporation, Association or Partnership

Fortress provides coverage for ~~the following classes of dentists:~~

~~Class I — General Practitioners or Specialists and for their Professional Corporations, Associations or Partnerships. Coverage would not apply to the general practitioner or specialist who is engaged in dentistry~~organizations ~~on patients rendered unconscious through the administrations of general anesthesia unless the general anesthesia is administered in a duly licensed hospital or outpatient surgical center by an anesthesiologist, or certified registered nurse anesthetist supervised by such anesthesiologist; other than an insured dentist, his or her employees, or any other person or organization for whose acts or omissions the insured dentist is legally responsible.~~

~~Class 2 — Dental Anesthesiologist; who maintain a valid dental anesthesia certificate and limit their administration of general anesthesia only to patients of other dentists. The premium for this coverage will be calculated at 187.8% of the rate applicable to a Class I dentist. Only limits of \$1,000,000/\$3,000,000 are available for Class II dentists.~~

~~If a dentist practices in more than one classification the higher rated classification will apply.~~

Professional Corporation, Association or Partnership

Coverage may be provided for a professional corporation, association or partnership on either:

A. a shared ~~limits of liability limit~~ basis ~~with all other insured, in which case no~~ (additional premium will be charged; or

B. ~~insured~~) and via a separate ~~additional limits of liability basis at an additional premium. In this case an Organization Policy will be issued. The limits shall be the equivalent of the highest limits applicable to the dentist insured by the Company who are members of the professional corporation, association or partnership. The premium would be the sum of the following~~ organization policy as outlined below:

Shared Limit Basis (Additional Insured)

A. Coverage for a dentist's sole shareholder corporation is available under his/her individual policy. A dentist may not add a corporation as an additional insured on his/her policy unless it is a sole shareholder corporation or entity, which he owns 100%.

B. Coverage may be provided on a shared limit basis to corporate entities owned 100% by an organization, which maintains a Fortress Organization policy. The additional insured entity must be endorsed onto the Fortress policy for coverage to apply. An example of an acceptable additional insured would be an organization created and 100% owned by the named insured entity to perform administrative duties for the named insured or a practice site 100% owned by the named insured operating under a separate corporate entity or trade name (DBA).

Separate Limit Basis (Organization Policy)

Coverage may be provided via a separate organization policy for an additional premium. The premium will be calculated as follows:

1. 10% of the premium for each dentist ~~partner, shareholder and employee~~ insured by the Company; ~~and~~
2. 20% of the premium calculated at the Company's rates; ~~(mature rate if claims made policy is issued), for each dentist partner, shareholder and employee insured by another company carrier.~~

~~In all instances involving~~To be considered for a ~~sole professional corporation or association,~~
~~consisting of one dentist, separate limit policy~~ the ~~corporation or association will be listed as an~~
~~additional~~following criteria must be met:

1. A minimum of 75% of the underlying dentists must be insured ~~under the individual~~
~~dentist's policy with Fortress~~ and ~~will share his or her~~maintain limits greater than or
equal to the Organization.
2. Dentists not insured with Fortress must demonstrate continuous insurance and
maintain limits of liability greater than or equal to the Organization. Certificates of
insurance or a copy of their Declarations Page should be provided to Fortress.
3. All dentists who maintain an ownership interest in the organization must be insured
with Fortress.



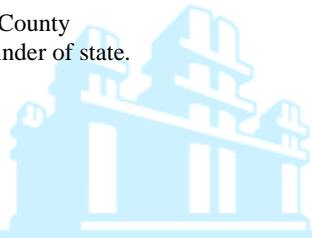
FORTRESS

Rating

The location of the dental practice determines the rating territory of an insured. If an insured practices in more than one territory, the higher rated territory shall be used to determine his or her premium.

The Territorial definitions are:

- Territory 1 – Cook County
- Territory 2 – Remainder of state.



FORTRESS

Deductibles

Insured who present additional risk exposure may be provided insurance subject to a policy deductible of up to \$25,000 per claim/\$75,000 annual aggregate.



Schedule Rating Program

The Company may apply a schedule credit or debit, based on underwriting judgment, to policyholders who demonstrate certain risk characteristics not contemplated in the filed rate structure. The underwriter will consider the following when determining whether to apply a schedule credit or debit:

- a. Historical loss experience;
- b. Claim anomalies in the historical loss experience;
- c. Cumulative number of years of patient experience;
- d. Management control procedures.

In recognition of the above factors, the Company will apply a credit or debit to the applicable rate based on the overall evaluation of the risk.

The maximum schedule ~~credit~~debit is 2025%.

~~The maximum schedule debit is 25%.~~

Refer to “Loss Free Credit” for applicable discount due to favorable loss experience.



FORTRESS

Termination or Conditional Renewal

Policies may be cancelled by insured at any time by submitting written notice to the Company or by surrender of the policy to the Company. Policies may be cancelled or non-renewed or conditionally renewed by or on behalf of the Company, as provided for under the Insurance Laws of the state.



FORTRESS

Computation of Return Premium

Whether cancellation occurs by the insured or by the Company, earned premium shall be computed pro-rata.



Extended Reporting (Tail) Coverage

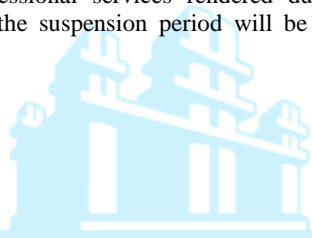
Upon cancellation or ~~nonrenewal~~non-renewal of the policy, ~~except when the cancellation or nonrenewal is a result of the nonpayment of premium or any deductible,~~ the insured will be eligible for unlimited extended reporting (tail) coverage. The premium for this coverage will be calculated ~~using~~as outlined below. ~~In the event the policy cancellation is a result of an insured's death or total disability the mature claims made rate multiplied by a factor that reflects~~tail will be issued at no charge. We will also provide tail at no cost to the ~~percentage~~policyholder if he/she permanently retires from the practice of dentistry, at any age, provided he/she has been continuously insured by Fortress for five consecutive years immediately preceding retirement. If the insured permanently retires, and has not been insured by Fortress for five years immediately preceding retirement, a credit of ~~mature claims made exposure~~20% for each consecutive 12 month period will be applied to the reporting endorsement premium.

<u>Years Covered</u>	<u>Percent of Mature</u>
<u>Under Claims Made</u>	<u>Claims made Rates</u>
1 Year	.69
2 Year	1.06
3 Year	1.22
4 Year	1.29

5 or More Years Reporting Endorsement Calculation for Individual Risks:Expiring Annual PremiumX 1.31 = Reporting Endorsement Premium**Reporting Endorsement Calculation for Corporate Risks:**Expiring Annual PremiumX 1.31 = Reporting Endorsement Premium* Note: Suspension of Insurance credit will not be included in the calculation.

Suspension of Insurance

In the event a dentist is removed from practice by reason of disability, sabbatical or other reason for a period of at least three (3) months but not more than two (2) years, the dentist will be issued a Suspension of Insurance Endorsement. This Endorsement will allow for the reporting of claims during the suspension period arising from acts performed by the dentist prior to the commencement of the suspension period. The Endorsement will further contain exclusion related to professional services rendered during the suspension period. The premium charged during the suspension period will be 15% of the otherwise applicable policy premium.



FORTRESS

New Dentist Discount

The Company will provide premium discounts for a three year period to dentists who enter either a solo or a group private practice immediately following completion of their formal training. (Such formal training shall include the time spent on active military duty.)

The premium ~~discounts~~ will be ~~applied~~calculated as follows:

~~For~~First Year

	<u>Class I & I-F</u>	<u>Class II</u>	<u>Not otherwise classified</u>
<u>Claims Made</u>	<u>\$50</u>	<u>\$175</u>	<u>\$300</u>
<u>Occurrence</u>	<u>\$100</u>	<u>\$350</u>	<u>\$600</u>

<u>Second Year</u>	<u>40% Premium Credit</u>
<u>Third Year</u>	<u>25% Premium Credit</u>

~~— Policyholders who are receiving the first year—a 60% New Dentist Discount will not be eligible for any additional premium credit~~
~~For credits, with the second year—a 40% premium credit~~exception of Suspension of Insurance.
~~— For the third year—a 25% premium credit~~

The rates of discount will not be increased in the event a dentist concurrently qualifies for a rate credit related to the Company's Part-Time Practice Program. In such instances, the premium credit granted shall be the one contained in the program that would provide the greater rate of discount.

In the event of cancellation of a claims made policy rated with the first year New Dentist Discount, the extended reporting (tail) coverage will be calculated as follows:

First Year Fee X Tail Factor

Part-Time Practice Discounts

Fortress has established a rating structure to provide coverage for a dentist that has restricted his or her practice. A dentist must meet the following guidelines for part-time coverage in order to qualify for a reduced premium.

- 1) Dentists who are 55 years of age or older and can document (per the part-time application) that they practice less than 20 hours per week or 1000 hours per year;
- 2) Dentists who have a medically-certifiable disability which prohibits a full-time practice and who practice less than 20 hours per week or 1000 hours per year as a direct consequence of that disability;
- 3) Dentists who teach full-time in an ADA-approved training program and who are engaged in a private practice with appropriate patient follow-up not to exceed a total of 20 hours per week or 1000 hours per year outside the training institution;
- 4) Dentists who are students pursuing a medical or graduate degree on a full-time basis and are engaged in a private practice with appropriate patient follow up not to exceed a total of 20 hours per week or 1000 hours per year.
- 5) Dentists who have not reached the age of 55 who can meet all of the following requirements shown below (subject to Underwriting approval.)
 - a) Maintain a private practice of less than 20 hours per week or 1000 hours per year, and
 - b) Provide evidence that they are employed by or provide services on a fee-for-service or independent contractor basis for at least 20 hours per week or 1000 hours per year at another facility. Furthermore, the dentist must provide evidence that this other facility is providing professional liability insurance for this activity. Note: The dentist's policy will be endorsed to exclude professional services at this other facility.
- 6) Dentists who are stay-at-home care givers, who practice less than 20 hours per week or 1000 hours per year in a private practice may qualify for part-time.

To apply for part-time coverage, the dentist must complete a supplemental application for part-time coverage and provide the appropriate additional documentation. The dentist will periodically be required to submit updated documentation to verify continued part-time eligibility.

Premium discounted to part-time (50%) is calculated in the following manner:

Base rate X .50 (50%)

Risk Management Credits

A 10% Risk Management credit will be applied to the applicable rate for dentists who successfully complete a Risk Management program approved by the Company. The credit will be allowed for three (3) successive policy periods with the initial credit being applied to the first full policy period after completion of the program. However, if such completion occurs within sixty (60) days of the effective date of the current policy period, the first of the three credits will be applied to the current policy period.

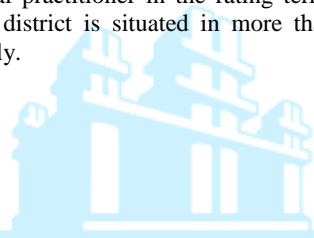


FORTRESS

Coverage for District Dental Societies

Professional liability coverage will be available to district dental societies by endorsement. Protection will be provided for claims for injury arising out of the district dental society rendering or failing to render professional services.

The premium for this coverage will be calculated at 15% of the rate applicable to a dentist who functions as a general practitioner in the rating territory where the district society is located. In the event the district is situated in more than one territory, the higher rated territory premium will apply.

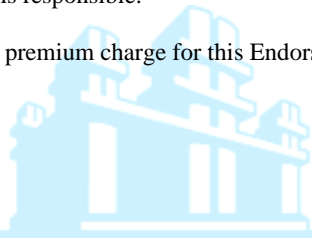


FORTRESS

Sales of Practice Additional Insured Endorsement Coverage

An Additional Insured Endorsement will be made available to policyholders to cover the former owner(s) of their dental practice. The Endorsement names the former owner(s) as an additional insured(s) and the coverage afforded by the Endorsement will be limited to the former owner's liability arising out of professional services which were provided (or should have been provided) by the insured who purchased the dental practice or by a person for whose conduct the insured is responsible.

There will be no additional premium charge for this Endorsement.



FORTRESS

DENTAL PROFESSIONAL LIABILITY INSURANCE

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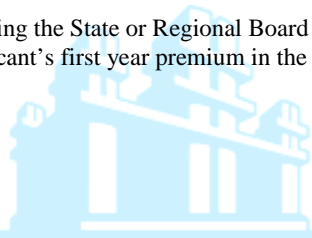
Coverage for Dental Candidates

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Professional liability coverage will be available to Dental Candidates while they are taking the State or Regional Board Examination for a license to practice dentistry in the state and only for that period of time.

All Dental Candidates will be insured by a policy providing limits of liability of \$1,000,000 per patient/\$3,000,000 total limit. The Company will charge a premium of \$25 for the policy. The policy will be issued upon payment of the policy premium.

After successfully completing the State or Regional Board Examination the \$25 premium will be applied to the applicant's first year premium in the event they secure a Fortress policy for their practice activities.



FORTRESS

Locum Tenens

Locum tenens is a Latin term that means one person who substitutes for another. Coverage can be afforded when an insured is temporarily away from his or her practice and another person practices in his or her place. The locum tenens dentist is only covered for specified dates. He or she is not afforded his or her own set of limits, but shares in our insured's limits of coverage.

This is available to our insured with the following guidelines:

- 1) The locum tenens dentist must submit a fully completed application and be approved by the underwriter prior to the first date of coverage.
- 2) If approved, locum tenens coverage will be provided at no additional charge for no more than 45 days during any one-policy period for both the individual and organization policies. If the number of days in a policy year exceeds this number, an additional premium will be calculated at 100% of the daily rate for each additional day.

FORTRESS

DENTAL PROFESSIONAL LIABILITY INSURANCE

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Loss Free Credit

Dentists who can demonstrate a five year loss free profile as of the original effective date of coverage, and/or at the time of renewal review (evaluation period), will be eligible for a 10% discount.

For purposes of this program “loss” has been defined as any of the following occurring during the evaluation period:

- Any claim with an indemnity payment, regardless of amount;
- Frequency of two or more claims reported during a five year period, regardless of expense or indemnity payment.

If either of the above is met the loss free status reverts to 0 years as of policy issuance or the time of renewal.

The loss free credit will be extended over loss free years based on the following guidelines:

- The applicant/insured must be able to demonstrate continuous professional liability coverage during the evaluation period via: Declaration Pages, Extended Reporting Endorsements and/or Certificates of Insurance.
- The applicant/insured must be able to demonstrate five years of eligible loss free experience. Claims histories from all carriers within the last five year period must be submitted for review at the time of application. Periods of training and/or periods of alternative coverage may not be eligible for the application of the credit. Examples of alternate coverage include, but are not limited to, risk retention groups, captives, trusts, and risk purchasing groups

FORTRESS INSURANCE COMPANY
ILLINOIS DENTAL PROFESSIONAL LIABILITY
ACTUARIAL ANALYSIS OF INDICATED JULY 1, 2012 RATE LEVELS

This actuarial filing memorandum has been prepared in conjunction with Fortress Insurance Company's (Fortress) proposed rate levels to be effective July 1, 2012 for Illinois dental professional liability (DPL) coverage.

Given the limited volume of Fortress-specific DPL historical premium and claims experience in Illinois, we were unable to rely exclusively upon the historical performance of Fortress's Illinois book of business in estimating the indicated rate change. As such, we have supplemented the "raw" indicated rate change in Illinois with a trend-based indicated rate change in determining a credibility-weighted indicated rate change in an effort to enhance the stability of the ratemaking process. Exhibit 1 summarizes the results of this process and the remaining exhibits provide the supporting details.

Based on the analysis shown on Exhibits 1 through 8, Fortress is proposing the following changes to its base rate and overall premium level:

Description	Effect On	
	Base Rate	Overall Premium Level
General Base Rate ¹	0.0%	0.0%
New Class I-F & Class II ²	0.0%	11.2%
Increased Limits Factor ³	0.0%	(1.3)%
Loss Free Credit Program ⁴	6.2%	0.0%
Overall Increase	6.2%	9.8%

¹ Prior to offsets for other changes.

² See Item 4 below.

³ See item 5 below

⁴ See item 6 below.

Thus Fortress is proposing a base rate increase of 6.2%. We estimate the overall premium impact of this filing as an increase of 9.8%.

The key assumptions underlying our rate level review are summarized below:

- 1) We have assumed a load for unallocated loss adjustment expenses (ULAE) of 10.0% of net ultimate loss and allocated loss adjustment expense (ALAE) based upon Fortress's historical companywide experience (see Exhibit 2 for details);
- 2) We have assumed that Fortress's underwriting expense requirements in Illinois will average 36.6% of premium, broken down as follows (see Exhibits 3 and 4 for details):

Expense Component	Provision
Fixed Expenses ¹	15.8%
Variable Expenses	17.0
DDR Prepaid Premium	3.8
Total	36.6%

¹ Includes general expenses and other acquisition expenses.

- 3) Our analysis contemplates a target combined ratio of 103.8%. The target combined ratio for Fortress of 103.8% is broken down as follows (see Exhibits 4 through 6 for details):

Provision	Ratio
Loss & LAE	67.2%
Underwriting Expenses	36.6
Target Combined	103.8%

- 4) With this filing Fortress proposes to increase its class II relativity from 1.878 to 3.000. Fortress also proposes to create class 1-F. Class 1-F will consist of insured dentists performing intravenous, intramuscular (IV/IM) or multi-dose sedation as well as dentists performing implants and extractions of impacted teeth. The relativity of class 1-F will be 1.25:

Fortress Classification Plan	
Fortress Class	Class Relativity
I	1.000
1-F	1.250
II ¹	3.000

¹ Dental anesthesiologist.

Based on the distribution of dentists by class provided by Fortress, we estimate the overall premium effect of this change to be an increase of 11.2% (see Exhibit 7).

- 5) Fortress proposes to modify its increased limits factors (ILFs) as follows:

Policy Limit	Increased Limits Factor	
	Current	Proposed
\$200,000 / \$600,000	0.730	0.730
\$250,000 / \$750,000	N/A	0.800
\$500,000 / \$1,000,000	0.850	0.890
\$1,000,000 / \$3,000,000	1.000	1.000
\$2,000,000 / \$6,000,000	1.250	1.125

We estimate the overall premium effect of this change to be a decrease of 1.3% (see Exhibit 8).

- 6) Fortress proposes to replace its discretionary credit program with a loss free credit program. Fortress estimates that this change will decrease its overall collected premium and proposes to increase its base rate by 6.2% to offset the estimated decrease. Thus the overall impact of the change to the loss free credit program combined with the offset of the base rate will be revenue neutral.
- 7) In discounting the projected loss and ALAE for the time value of money, we have assumed an annual rate of return of 4.5% on invested assets, as provided to us by Fortress management. Fortress selected the interest rate because Fortress has greater familiarity with its current investments, its investment policy, and the potential investment returns of its asset portfolio. We are not able to assess the reasonableness of the selected interest rate without performing a substantial amount of additional work beyond the scope of our assignment. As such, we express no opinion on the appropriateness of the interest rate.

Several final points should be noted. First, we relied on data and information provided by Fortress and did not audit or independently verify other than for general reasonableness. Additionally, this letter was prepared for Fortress's internal business use only and is not to be provided to any third party. We understand that Fortress intends to provide a copy of this letter to the Illinois Department of Insurance in support of its proposed rates and we permit such distribution. Finally, actuarial estimates of medical professional liability rates are subject to uncertainty from various sources including, but not limited to, changes in claim reporting and settlement patterns, judicial decisions, legislation, etc. While the estimates contained herein represent our best professional judgment, it is not only possible, but in fact probable, that the ultimate cost of providing coverage may deviate, perhaps significantly, from our estimates.

Respectfully submitted,

A handwritten signature in black ink, reading "Susan J. Forray". The signature is fluid and cursive, with the first name "Susan" and last name "Forray" clearly distinguishable.

Susan J. Forray, FCAS, MAAA
Principal and Consulting Actuary

February 8, 2012

SJF/sbs

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FORTRESS INSURANCE COMPANY
Indicated Rate Change by State

State: Illinois

	(a)	(b)	(c) = (a) x (b)	(d)	(e) = (c) + (d)	(f)	(g)	(h)	(i) = (g) / (h)
Report Year	Case O/S Loss & ALAE at Net Retention @ 3/31/2011	IBNR to Case O/S Ratio ¹	Indicated IBNR Loss & ALAE @ 3/31/2011	Incurred Loss & ALAE at Net Retention @ 3/31/2011	Ultimate Loss & ALAE at Net Retention @ 3/31/2011	Ultimate Loss & LAE ² at Net Retention @ 3/31/2011	Ultimate Loss & LAE at Net Retention Trended ³ to 7/1/2012 Effective Date	On-Level Net Earned Premium	Trended On-Level Loss & LAE Ratio at Net Retention
1999	0	NA	NA	0	0	0	0	0	0.0%
2000	0	NA	NA	0	0	0	0	671	0.0%
2001	0	NA	NA	0	0	0	0	585	0.0%
2002	0	NA	NA	0	0	0	0	3,531	0.0%
2003	0	NA	NA	3,122	3,122	3,434	5,333	37,786	14.1%
2004	0	6.183	0	212,964	212,964	234,260	348,133	143,660	242.3%
2005	0	0.381	0	179,311	179,311	197,242	280,498	242,743	115.6%
2006	41,924	0.787	32,978	167,952	200,930	221,023	300,782	318,595	94.4%
2007	4,651	0.766	3,563	403,694	407,257	447,983	583,390	402,975	144.8%
2008	14,254	0.938	13,365	262,906	276,271	303,898	378,712	531,122	71.3%
2009	268,127	1.018	272,977	388,857	661,834	728,017	868,174	582,753	149.0%
2010	40,000	1.427	57,070	806,456	863,526	949,879	1,083,970	733,027	147.9%
Total	368,956		379,953	2,425,262	2,805,215	3,085,736	3,848,992	2,997,448	128.4%

(1)	Projected Illinois Loss & LAE Ratio Limited to Retention	128.4%
(2)	Discount Factor to Reflect Anticipated Investment Income	86.9%
(3)	Variable Expense Provision	17.0%
(4)	Fixed Expense Provision (<i>Unadjusted</i> for Indicated Rate Change)	28.0%
(5)	Fixed Expense Provision (<i>Adjusted</i> for Indicated Rate Change); (4) / [1 + Countrywide Raw Indicated Weighted Average Rate Change]	15.8%
(6)	Assumed Profit Load	5.0%
(7)	Death, Disability and Retirement Prepaid Premium Provisions	3.8%
(8)	Indicated Target Loss & LAE Ratio; [1 - (3) - (5) - (6) - (7)] / (2)	67.2%
(9)	Raw Indicated Illinois Rate Change (1) / (8) - 1	91.2%
(10)	Assigned Credibility ⁴	17.5%
(11)	Trend-Based Indicated Rate Change ³	10.8%
(12)	Credibility-Weighted Indicated Collected Rate Change [(9) x (10)] + [1 - (10)] x (11)]	24.9%

¹ Based upon companywide excluding Texas analysis as of March 31, 2011

² Includes ULAE load assumption of 10.0%

³ Based upon trend assumption of 4.5% per annum

⁴ Uses Fortress companywide (excluding Texas) on-level net earned premium as full credibility standard and square root rule

FORTRESS INSURANCE COMPANY
Dental Professional Liability
Countrywide

Indicated ULAE Load

Report Year	(\$000's) Countrywide Indicated CM & Occurrence Net Ultimate Loss & ALAE	(\$000's) Booked Gross Ultimate ULAE ¹	Ultimate ULAE to Ultimate Loss & ALAE Ratio
2001	1,713	78	4.6%
2002	2,195	132	6.0%
2003	6,168	215	3.5%
2004	9,570	583	6.1%
2005	5,202	899	17.3%
2006	9,694	1,274	13.1%
2007	15,638	1,304	8.3%
2008	13,412	1,362	10.2%
2009	16,802	1,448	8.6%
2010	16,400	1,625	9.9%
Total	96,793	8,920	9.2%
2006 - 2010	71,946	7,013	9.7%
2008 - 2010	46,614	4,435	9.5%

Selected ULAE Load on a Net Basis	10.0%
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¹ From Fortress Insurance Company's 2010 Annual Statement
Schedule P - Part 1F Sections 1 and 2 (Occurrence and CM, respectively)

FORTRESS INSURANCE COMPANY
Selected Expense Ratios
(Amounts in \$000's)

	2006		2007		2008		2009		2010		Avg L3	Selected
	\$	%	\$	%	\$	%	\$	%	\$	%		
Direct Premiums Written	5,471	xxx	6,702	xxx	7,542	xxx	8,306	xxx	8,433	xxx		xxx
Direct Premiums Earned	4,752	xxx	6,029	xxx	7,161	xxx	8,266	xxx	8,436	xxx		xxx
Direct Commission and Brokerage Incurred	679	12.4%	868	12.9%	985	13.1%	1,085	13.1%	1,147	13.6%	13.2%	13.0%
Taxes, Licenses and Fees Incurred	198	3.6%	283	4.2%	317	4.2%	354	4.3%	319	3.8%	4.1%	4.0%
Other Acquisition Expenses Incurred ¹	723	13.2%	945	14.1%	1,030	13.7%	1,131	13.6%	1,162	13.8%	13.7%	13.5%
General Expenses Incurred ¹	782	16.5%	1,199	19.9%	1,153	16.1%	1,285	15.6%	1,053	12.5%	14.7%	14.5%
Total		45.7%		51.1%		47.0%		46.5%		43.7%	45.7%	45.0%
Variable Expenses²		16.0%		17.2%		17.3%		17.3%		17.4%	17.3%	17.0%
Fixed Expenses³		29.7%		34.0%		29.8%		29.2%		26.3%	28.4%	28.0%

¹ Allocated in proportion to number of policyholders

² Assumed to be commission, brokerage and taxes, licenses and fees

³ Assumed to be other acquisition and general

Source: Exhibit of Premiums and Losses by State and Insurance Expense Exhibit (Medical Malpractice)

FORTRESS INSURANCE COMPANY
Dental Professional Liability
Derivation of Target Loss & LAE Ratio

Component	Provision
(1) Variable Expense Provision	17.0%
(2) Fixed Expense Provision ¹	15.8%
(3) Assumed Profit Load	5.0%
(4) Death, Disability and Retirement Prepaid Premium Provision	3.8%
(5) Discount Factor for Investment Income Offset	86.9%
(6) Target Loss & LAE Ratio; [1 - (1) - (2) - (3) - (4)] / (5)	67.2%
(7) Target Combined Ratio; (1) + (2) + (4) + (6)	103.8%

¹ Adjusted for raw indicated rate changes

FORTRESS INSURANCE COMPANY
Dental Professional Liability
Countrywide
Derivation of Discount Factor

(1)	(2)	(3)	(4)
Year	Selected Cumulative Payment Pattern ¹	Selected Incremental Payment Pattern ¹	Discounted Incremental Payment Pattern ²
1	5.7%	5.7%	5.6%
2	29.7%	24.0%	22.5%
3	53.9%	24.2%	21.6%
4	69.9%	16.0%	13.7%
5	80.5%	10.6%	8.7%
6	91.2%	10.8%	8.5%
7	95.6%	4.4%	3.3%
8	98.0%	2.4%	1.7%
9	99.6%	1.6%	1.1%
10	100.0%	0.4%	0.2%
Discount Factor			86.9%

¹ Based on Fortress-specific claims-made payment pattern

² Based on a 4.5% assumed yield

FORTRESS INSURANCE COMPANY
Dental Professional Liability
Derivation of Countrywide Payment Pattern
Claims-Made and Occurrence Coverage as of March 31, 2011

Report Year	Countrywide Paid Loss Limited to \$500,000 & ALAE Unlimited													Net Ultimate Loss & ALAE
	9	21	33	45	57	69	81	93	105	117	129	141	153	
1999		158,534	341,807	357,492	357,492	357,492	357,492	357,492	357,492	357,492	357,492	357,492	357,492	357,492
2000	18,552	191,148	513,998	606,869	669,967	1,179,116	1,190,847	1,198,379	1,506,000	1,507,598	1,507,791	1,507,791		1,508,796
2001	33,262	330,250	663,499	1,120,551	1,424,050	1,535,045	1,662,584	1,712,290	1,712,290	1,712,290	1,712,290			1,713,178
2002	36,163	645,732	1,159,892	1,471,226	1,560,220	1,852,828	1,937,176	2,139,427	2,190,967	2,191,612				2,194,621
2003	18,302	1,821,661	3,617,959	4,418,736	4,784,514	5,490,009	6,145,240	6,145,762	6,145,762					6,167,726
2004	284,384	2,619,956	4,594,027	6,433,009	7,573,416	9,060,101	9,396,005	9,407,588						9,569,659
2005	344,801	1,686,170	3,128,242	3,758,744	4,415,819	4,664,228	4,685,542							5,201,701
2006	384,892	2,498,183	5,505,406	6,846,774	7,828,484	8,064,644								9,693,672
2007	371,890	2,637,192	6,447,109	9,062,604	9,756,502									15,638,313
2008	436,534	2,476,239	5,823,933	7,104,756										13,412,250
2009	539,356	3,159,475	5,005,120											16,802,255
2010	593,223	1,757,589												16,399,623
2011	3,294													5,127,931

Note: Last diagonal is as of March 31, 2011.

Report Year	Paid Loss & ALAE as a Percentage of Ultimate Loss & ALAE													
	9	21	33	45	57	69	81	93	105	117	129	141	153	
1999	NA	44.3%	95.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
2000	1.2%	12.7%	34.1%	40.2%	44.4%	78.1%	78.9%	79.4%	99.8%	99.9%	99.9%	99.9%		
2001	1.9%	19.3%	38.7%	65.4%	83.1%	89.6%	97.0%	99.9%	99.9%	99.9%	99.9%			
2002	1.6%	29.4%	52.9%	67.0%	71.1%	84.4%	88.3%	97.5%	99.8%	99.9%				
2003	0.3%	29.5%	58.7%	71.6%	77.6%	89.0%	99.6%	99.6%	99.6%					
2004	3.0%	27.4%	48.0%	67.2%	79.1%	94.7%	98.2%	98.3%						
2005	6.6%	32.4%	60.1%	72.3%	84.9%	89.7%	90.1%							
2006	4.0%	25.8%	56.8%	70.6%	80.8%	83.2%								
2007	2.4%	16.9%	41.2%	58.0%	62.4%									
2008	3.3%	18.5%	43.4%	53.0%										
2009	3.2%	18.8%	29.8%											
2010	3.6%	10.7%												
2011	0.1%													
Average x last diag	2.8%	25.0%	53.0%	68.0%	77.6%	89.4%	93.7%	95.3%	99.9%	100.0%	100.0%	100.0%		
Average L5 x last diag	3.3%	22.5%	49.9%	67.9%	78.7%	89.5%	92.4%	95.3%						
Wght Avg x last diag	3.1%	22.2%	48.6%	65.5%	78.6%	90.4%	96.2%	96.7%	99.9%	99.9%	99.9%	100.0%		
Prelim Selected Payment Pattern	9	21	33	45	57	69	81	93	105	117	129	141	153	
	3.5%	25.0%	50.0%	67.5%	77.5%	90.0%	95.0%	97.5%	99.5%	100.0%	100.0%	100.0%	100.0%	
Interpolated Payment Pattern	12	24	36	48	60	72	84	96	108	120	132	144	156	
	5.7%	29.7%	53.9%	69.9%	80.5%	91.2%	95.6%	98.0%	99.6%	100.0%	100.0%	100.0%	100.0%	

FORTRESS INSURANCE COMPANY
Dental Professional Liability
Derivation of Class Plan Premium Effect

Fortress Class	Percentage of Total Dental Population ¹	Current Relativity	Proposed Relativity	Change
I	58.0%	1.000	1.000	0.0%
I-F	40.0%	1.000	1.250	25.0%
II	2.0%	1.878	3.000	59.7%
Total	100.0%	1.018	1.140	11.2%

¹ Provided by Fortress

FORTRESS INSURANCE COMPANY
Dental Professional Liability
Derivation of Increased Limits Factors Premium Effect

<u>Fortress Policy Limits</u>	<u>Distribution by Policy Limit ¹</u>	<u>Increased Limits Factors</u>		<u>Change</u>
		<u>Current</u>	<u>Proposed</u>	
200K/600K	1.4%	0.730	0.730	0.0%
250K/750K	N/A	N/A	N/A	NA
500K/1M	3.8%	0.850	0.890	4.7%
1M/3M	80.4%	1.000	1.000	0.0%
2M/6M	14.4%	1.250	1.125	(10.0)%
Total	100.0%	1.026	1.010	(1.3)%

¹ Provided by Fortress

SERFF Tracking Number: FORT-128083533 State: Illinois
Filing Company: Fortress Insurance Company State Tracking Number: FORT-128083533
Company Tracking Number: FD-IL-R1-0212
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0006 Dentists - General Practice
Made/Occurrence
Product Name: Dental Professional Liability
Project Name/Number: FD-IL-R1-0212/FD-IL-R1-0212

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
02/21/2012	Rate and Rule	Professional Corporation, Association or Partnership	05/10/2012	Professional Corp Assn or Partnership pg 12.pdf (Superceded)
03/13/2012	Supporting Manual Document		05/10/2012	Rate Manual IL 0712 rev.pdf (Superceded) IL Rate Rule Manual Compare 0712 rev.pdf (Superceded)
02/09/2012	Supporting Manual Document		03/13/2012	Rate Manual IL 0712.pdf (Superceded) IL Rate Rule Manual Compare 0712.pdf (Superceded)

Professional Corporation, Association or Partnership

Fortress provides coverage for organizations on a shared limit basis (additional insured) and via a separate organization policy as outlined below:

Shared Limit Basis (Additional Insured)

- A. Coverage for a dentist's sole shareholder corporation is available under his/her individual policy. A dentist may not add a corporation as an additional insured on his/her policy unless it is a sole shareholder corporation or entity, which he owns 100%.
- B. Coverage may be provided on a shared limit basis to corporate entities owned 100% by an organization, which maintains a Fortress Organization policy. The additional insured entity must be endorsed onto the Fortress policy for coverage to apply. An example of an acceptable additional insured would be an organization created and 100% owned by the named insured entity to perform administrative duties for the named insured or a practice site 100% owned by the named insured operating under a separate corporate entity or trade name (DBA).

Separate Limit Basis (Organization Policy)

Coverage may be provided via a separate organization policy for an additional premium. The premium will be calculated as follows:

1. 10% of the premium for each dentist insured by the Company;
2. 20% of the premium calculated at the Company's rates (mature rate if claims made policy is issued), for each dentist insured by another carrier;
3. An additional surcharge may be added to groups that present a risk higher than anticipated by standard rates. Underwriting criteria to be considered include: completed organization application, historical ten year loss experience, cumulative number of years of patient experience, management control procedures, organizational structure and multi-state exposure.

To be considered for a separate limit policy the following criteria must be met:

1. A minimum of 75% of the underlying dentists must be insured with Fortress and maintain limits greater than or equal to the Organization.
2. Dentists not insured with Fortress must demonstrate continuous insurance and maintain limits of liability greater than or equal to the Organization. Certificates of insurance or a copy of their Declarations Page should be provided to Fortress.
3. All dentists who maintain an ownership interest in the organization must be insured with Fortress.



FORTRESS INSURANCE COMPANY

DENTAL PROFESSIONAL LIABILITY INSURANCE

ILLINOIS

RATE/RULE MANUAL

Rule**Page Number**

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FORTRESS INSURANCE COMPANY
ILLINOIS RATES
Territory 1 – Cook County

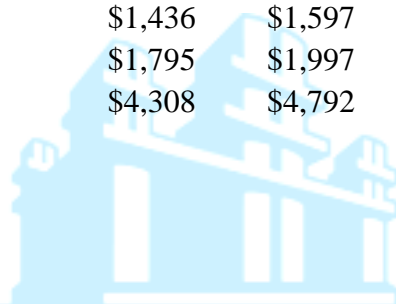
<u>Limits of Coverage</u>	<u>Class I</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$479	\$867	\$1,100	\$1,216	\$1,294
\$500,000/\$1,000,000	\$532	\$964	\$1,223	\$1,353	\$1,439
\$1,000,000/\$3,000,000	\$598	\$1,083	\$1,374	\$1,520	\$1,617
\$2,000,000/\$6,000,000	\$673	\$1,219	\$1,546	\$1,710	\$1,819

<u>Limits of Coverage</u>	<u>Class I-F</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$598	\$1,083	\$1,374	\$1,520	\$1,617
\$500,000/\$1,000,000	\$666	\$1,205	\$1,529	\$1,691	\$1,799
\$1,000,000/\$3,000,000	\$748	\$1,354	\$1,718	\$1,900	\$2,021
\$2,000,000/\$6,000,000	\$841	\$1,524	\$1,933	\$2,137	\$2,274

<u>Limits of Coverage</u>	<u>Class II</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$1,436	\$2,600	\$3,299	\$3,648	\$3,881
\$500,000/\$1,000,000	\$1,597	\$2,893	\$3,670	\$4,058	\$4,317
\$1,000,000/\$3,000,000	\$1,795	\$3,250	\$4,123	\$4,560	\$4,851

Occurrence

<u>Limits of Coverage</u>	\$250,000/ \$750,000	\$500,000/ \$1,000,000	\$1,000,000/ \$3,000,000	\$2,000,000/ \$6,000,000
Class I	\$1,436	\$1,597	\$1,795	\$2,019
Class I-F	\$1,795	\$1,997	\$2,244	\$2,524
Class II	\$4,308	\$4,792	\$5,385	



FORTRESS

FORTRESS INSURANCE COMPANY
ILLINOIS RATES
Territory 2 – Remainder of State

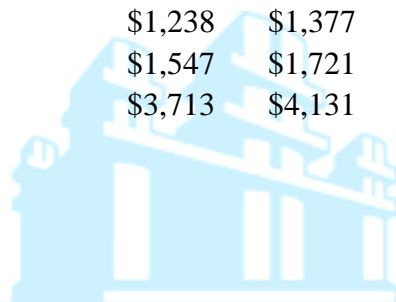
<u>Limits of Coverage</u>	<u>Class I</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$413	\$747	\$948	\$1,048	\$1,115
\$500,000/\$1,000,000	\$459	\$831	\$1,054	\$1,166	\$1,241
\$1,000,000/\$3,000,000	\$516	\$934	\$1,185	\$1,310	\$1,394
\$2,000,000/\$6,000,000	\$580	\$1,051	\$1,333	\$1,474	\$1,568

<u>Limits of Coverage</u>	<u>Class I-F</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$516	\$934	\$1,185	\$1,310	\$1,394
\$500,000/\$1,000,000	\$574	\$1,039	\$1,318	\$1,458	\$1,551
\$1,000,000/\$3,000,000	\$645	\$1,167	\$1,481	\$1,638	\$1,742
\$2,000,000/\$6,000,000	\$725	\$1,313	\$1,666	\$1,843	\$1,960

<u>Limits of Coverage</u>	<u>Class II</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$1,238	\$2,241	\$2,843	\$3,145	\$3,345
\$500,000/\$1,000,000	\$1,377	\$2,493	\$3,163	\$3,498	\$3,722
\$1,000,000/\$3,000,000	\$1,547	\$2,802	\$3,554	\$3,931	\$4,182

Occurrence

<u>Limits of Coverage</u>	\$250,000/ \$750,000	\$500,000/ \$1,000,000	\$1,000,000/ \$3,000,000	\$2,000,000/ \$6,000,000
Class I	\$1,238	\$1,377	\$1,547	\$1,741
Class I-F	\$1,547	\$1,721	\$1,934	\$2,176
Class II	\$3,713	\$4,131	\$4,642	



FORTRESS

Eligibility

In order for a dentist to be eligible for coverage, he or she must:

- a. Have a valid state license to practice dentistry;
- b. Not have knowingly made or caused to be made a false statement or misrepresentation of a material fact in applying for insurance.
- c. Have a claims and practice history considered to be acceptable to the Company.



FORTRESS

Policy Issued

A policy in a form approved by the Insurance Department will be delivered to each dentist insured upon receipt of the appropriate premium from said dentist.



FORTRESS

Policy Term

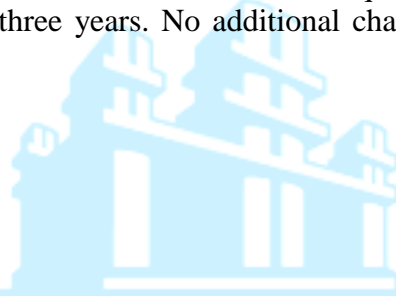
The term of each policy of insurance will be stated in the Declarations Page of the policy when issued. Unless otherwise requested by the dentist, policies will be written for a period of one year.



FORTRESS

Premiums

Premiums payable on each policy of insurance will be stated on a Declarations Page of the policy when issued. Premiums are due and payable at the inception of the policy term, except that installment payments of annual premiums shall be permitted as follows: 25% of such premium shall be due on the policy inception date and 25% of such premium shall be due three, six and nine months thereafter. The installment payment option shall be available to all insured except for those dentists who have been delinquent in their payments on more than two occasions in the past three years. No additional charge will be applied for installment payments.



FORTRESS

Basis of Coverage

Coverage will be issued by the Company on a claims-made or occurrence basis at the approved rates and conditions applicable to this type of insurance.



FORTRESS

Policy Limits

The minimum policy limits offered by the Company to dentists will be \$250,000 per patient and \$750,000 total limit. Increased limits will be available up to \$2,000,000 per patient and \$6,000,000 total limit.



FORTRESS

Classifications

Class	Specialty/Classification
Class I	General Dentistry
	Endodontics
	Pediatric Dentistry
	Orthodontics
	Dental Public Health
	Prosthodontics
	Periodontics
Class I-F	Oral & Maxillofacial Radiology
	Oral & Maxillofacial Pathology
	Dentists defined in Class I who administer moderate sedation, or who treat patients under moderate sedation (includes IV/IM and multi-dose oral sedation) or deep sedation (general anesthesia)
	Dentists defined in Class I who perform surgical placement of implants or extraction of impacted teeth
Class II	Dental Anesthesiology
	Dentists defined in Class I and Class I-F who administer moderate sedation to patients other than their own, or who administer deep sedation (general anesthesia)

Professional Corporation, Association or Partnership

Fortress provides coverage for organizations on a shared limit basis (additional insured) and via a separate organization policy as outlined below:

Shared Limit Basis (Additional Insured)

- A. Coverage for a dentist's sole shareholder corporation is available under his/her individual policy. A dentist may not add a corporation as an additional insured on his/her policy unless it is a sole shareholder corporation or entity, which he owns 100%.
- B. Coverage may be provided on a shared limit basis to corporate entities owned 100% by an organization, which maintains a Fortress Organization policy. The additional insured entity must be endorsed onto the Fortress policy for coverage to apply. An example of an acceptable additional insured would be an organization created and 100% owned by the named insured entity to perform administrative duties for the named insured or a practice site 100% owned by the named insured operating under a separate corporate entity or trade name (DBA).

Separate Limit Basis (Organization Policy)

Coverage may be provided via a separate organization policy for an additional premium. The premium will be calculated as follows:

1. 10% of the premium for each dentist insured by the Company;
2. 20% of the premium calculated at the Company's rates (mature rate if claims made policy is issued), for each dentist insured by another carrier;
3. An additional surcharge may be added to groups that present a risk higher than anticipated by standard rates. Underwriting criteria to be considered include: completed organization application, historical ten year loss experience, cumulative number of years of patient experience, management control procedures, organizational structure and multi-state exposure.

To be considered for a separate limit policy the following criteria must be met:

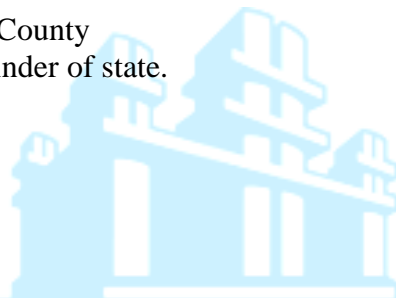
1. A minimum of 75% of the underlying dentists must be insured with Fortress and maintain limits greater than or equal to the Organization.
2. Dentists not insured with Fortress must demonstrate continuous insurance and maintain limits of liability greater than or equal to the Organization. Certificates of insurance or a copy of their Declarations Page should be provided to Fortress.
3. All dentists who maintain an ownership interest in the organization must be insured with Fortress.

Rating

The location of the dental practice determines the rating territory of an insured. If an insured practices in more than one territory, the higher rated territory shall be used to determine his or her premium.

The Territorial definitions are:

- Territory 1 – Cook County
- Territory 2 – Remainder of state.



FORTRESS

Deductibles

Insured who present additional risk exposure may be provided insurance subject to a policy deductible of up to \$25,000 per claim/\$75,000 annual aggregate.



FORTRESS

Schedule Rating Program

The Company may apply a schedule credit or debit, based on underwriting judgment, to policyholders who demonstrate certain risk characteristics not contemplated in the filed rate structure. The underwriter will consider the following when determining whether to apply a schedule credit or debit:

- a. Historical loss experience;
- b. Claim anomalies in the historical loss experience;
- c. Cumulative number of years of patient experience;
- d. Management control procedures.

In recognition of the above factors, the Company will apply a credit or debit to the applicable rate based on the overall evaluation of the risk.

The maximum schedule debit is 25%.

Refer to “Loss Free Credit” for applicable discount due to favorable loss experience.

Termination or Conditional Renewal

Policies may be cancelled by insured at any time by submitting written notice to the Company or by surrender of the policy to the Company. Policies may be cancelled or non-renewed or conditionally renewed by or on behalf of the Company, as provided for under the Insurance Laws of the state.



FORTRESS

Computation of Return Premium

Whether cancellation occurs by the insured or by the Company, earned premium shall be computed pro-rata.



FORTRESS

Extended Reporting (Tail) Coverage

Upon cancellation or non-renewal of the policy the insured will be eligible for unlimited extended reporting (tail) coverage. The premium for this coverage will be calculated as outlined below. In the event the policy cancellation is a result of an insured's death or total disability the tail will be issued at no charge. We will also provide tail at no cost to the policyholder if he/she permanently retires from the practice of dentistry, at any age, provided he/she has been continuously insured by Fortress for five consecutive years immediately preceding retirement. If the insured permanently retires, and has not been insured by Fortress for five years immediately preceding retirement, a credit of 20% for each consecutive 12 month period will be applied to the reporting endorsement premium.

Reporting Endorsement Calculation for Individual Risks:

Expiring Annual Premium

X 1.31

= *Reporting Endorsement Premium*

Reporting Endorsement Calculation for Corporate Risks:

Expiring Annual Premium

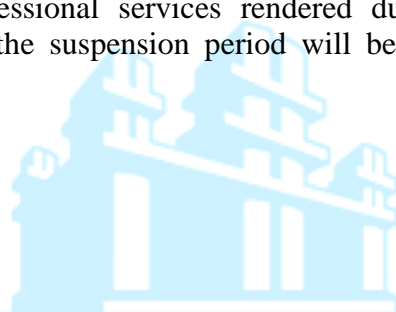
X 1.31

= *Reporting Endorsement Premium*

* Note: Suspension of Insurance credit will not be included in the calculation.

Suspension of Insurance

In the event a dentist is removed from practice by reason of disability, sabbatical or other reason for a period of at least three (3) months but not more than two (2) years, the dentist will be issued a Suspension of Insurance Endorsement. This Endorsement will allow for the reporting of claims during the suspension period arising from acts performed by the dentist prior to the commencement of the suspension period. The Endorsement will further contain exclusion related to professional services rendered during the suspension period. The premium charged during the suspension period will be 15% of the otherwise applicable policy premium.



FORTRESS

New Dentist Discount

The Company will provide premium discounts for a three year period to dentists who enter either a solo or a group private practice immediately following completion of their formal training. (Such formal training shall include the time spent on active military duty.)

The premium will be calculated as follows:

First Year

	Class I & I-F	Class II	Not otherwise classified
Claims Made	\$50	\$175	\$300
Occurrence	\$100	\$350	\$600

Second Year	40% Premium Credit
Third Year	25% Premium Credit

Policyholders who are receiving the first year New Dentist Discount will not be eligible for any additional premium credits, with the exception of Suspension of Insurance.

The rates of discount will not be increased in the event a dentist concurrently qualifies for a rate credit related to the Company's Part-Time Practice Program. In such instances, the premium credit granted shall be the one contained in the program that would provide the greater rate of discount.

In the event of cancellation of a claims made policy rated with the first year New Dentist Discount, the extended reporting (tail) coverage will be calculated as follows:

$$\text{First Year Fee} \times \text{Tail Factor}$$

Part-Time Practice Discounts

Fortress has established a rating structure to provide coverage for a dentist that has restricted his or her practice. A dentist must meet the following guidelines for part-time coverage in order to qualify for a reduced premium.

- 1) Dentists who are 55 years of age or older and can document (per the part-time application) that they practice less than 20 hours per week or 1000 hours per year;
- 2) Dentists who have a medically-certifiable disability which prohibits a full-time practice and who practice less than 20 hours per week or 1000 hours per year as a direct consequence of that disability;
- 3) Dentists who teach full-time in an ADA-approved training program and who are engaged in a private practice with appropriate patient follow-up not to exceed a total of 20 hours per week or 1000 hours per year outside the training institution;
- 4) Dentists who are students pursuing a medical or graduate degree on a full-time basis and are engaged in a private practice with appropriate patient follow up not to exceed a total of 20 hours per week or 1000 hours per year.
- 5) Dentists who have not reached the age of 55 who can meet all of the following requirements shown below (subject to Underwriting approval.)
 - a) Maintain a private practice of less than 20 hours per week or 1000 hours per year, and
 - b) Provide evidence that they are employed by or provide services on a fee-for-service or independent contractor basis for at least 20 hours per week or 1000 hours per year at another facility. Furthermore, the dentist must provide evidence that this other facility is providing professional liability insurance for this activity. Note: The dentist's policy will be endorsed to exclude professional services at this other facility.
- 6) Dentists who are stay-at-home care givers, who practice less than 20 hours per week or 1000 hours per year in a private practice may qualify for part-time.

To apply for part-time coverage, the dentist must complete a supplemental application for part-time coverage and provide the appropriate additional documentation. The dentist will periodically be required to submit updated documentation to verify continued part-time eligibility.

Premium discounted to part-time (50%) is calculated in the following manner:

Base rate X .50 (50%)

Risk Management Credits

A 10% Risk Management credit will be applied to the applicable rate for dentists who successfully complete a Risk Management program approved by the Company. The credit will be allowed for three (3) successive policy periods with the initial credit being applied to the first full policy period after completion of the program. However, if such completion occurs within sixty (60) days of the effective date of the current policy period, the first of the three credits will be applied to the current policy period.

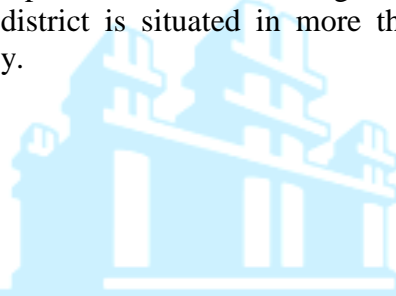


FORTRESS

Coverage for District Dental Societies

Professional liability coverage will be available to district dental societies by endorsement. Protection will be provided for claims for injury arising out of the district dental society rendering or failing to render professional services.

The premium for this coverage will be calculated at 15% of the rate applicable to a dentist who functions as a general practitioner in the rating territory where the district society is located. In the event the district is situated in more than one territory, the higher rated territory premium will apply.

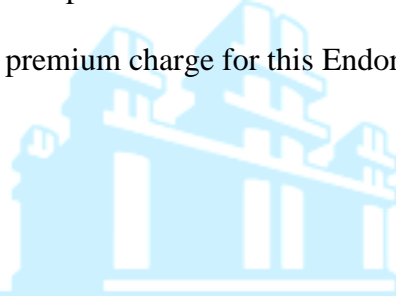


FORTRESS

Sales of Practice Additional Insured Endorsement Coverage

An Additional Insured Endorsement will be made available to policyholders to cover the former owner(s) of their dental practice. The Endorsement names the former owner(s) as an additional insured(s) and the coverage afforded by the Endorsement will be limited to the former owner's liability arising out of professional services which were provided (or should have been provided) by the insured who purchased the dental practice or by a person for whose conduct the insured is responsible.

There will be no additional premium charge for this Endorsement.



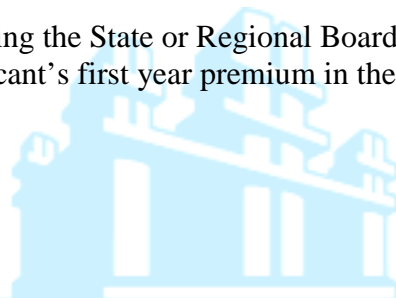
FORTRESS

Coverage for Dental Candidates

Professional liability coverage will be available to Dental Candidates while they are taking the State or Regional Board Examination for a license to practice dentistry in the state and only for that period of time.

All Dental Candidates will be insured by a policy providing limits of liability of \$1,000,000 per patient/\$3,000,000 total limit. The Company will charge a premium of \$25 for the policy. The policy will be issued upon payment of the policy premium.

After successfully completing the State or Regional Board Examination the \$25 premium will be applied to the applicant's first year premium in the event they secure a Fortress policy for their practice activities.



FORTRESS

Locum Tenens

Locum tenens is a Latin term that means one person who substitutes for another. Coverage can be afforded when an insured is temporarily away from his or her practice and another person practices in his or her place. The locum tenens dentist is only covered for specified dates. He or she is not afforded his or her own set of limits, but shares in our insured's limits of coverage.

This is available to our insured with the following guidelines:

- 1) The locum tenens dentist must submit a fully completed application and be approved by the underwriter prior to the first date of coverage.
- 2) If approved, locum tenens coverage will be provided at no additional charge for no more than 45 days during any one-policy period for both the individual and organization policies. If the number of days in a policy year exceeds this number, an additional premium will be calculated at 100% of the daily rate for each additional day.

FORTRESS

Loss Free Credit

Dentists who can demonstrate a five year loss free profile as of the original effective date of coverage, and/or at the time of renewal review (evaluation period), will be eligible for a 10% discount.

For purposes of this program “loss” has been defined as any of the following occurring during the evaluation period:

- Any claim with an indemnity payment, regardless of amount;
- Frequency of two or more claims reported during a five year period, regardless of expense or indemnity payment.

If either of the above is met the loss free status reverts to 0 years as of policy issuance or the time of renewal.

The loss free credit will be extended over loss free years based on the following guidelines:

- The applicant/insured must be able to demonstrate continuous professional liability coverage during the evaluation period via: Declaration Pages, Extended Reporting Endorsements and/or Certificates of Insurance.
- The applicant/insured must be able to demonstrate five years of eligible loss free experience. Claims histories from all carriers within the last five year period must be submitted for review at the time of application. Periods of training and/or periods of alternative coverage may not be eligible for the application of the credit. Examples of alternate coverage include, but are not limited to, risk retention groups, captives, trusts, and risk purchasing groups



FORTRESS INSURANCE COMPANY

DENTAL PROFESSIONAL LIABILITY INSURANCE

ILLINOIS

RATE/RULE MANUAL

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RATE/RULE MANUAL
DENTAL PROFESSIONAL LIABILITY INSURANCE

FORTRESS INSURANCE COMPANY
ILLINOIS RATES
Territory 1 – Cook County

Class I

<u>Limits of Coverage</u>	<u>Claims Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>Mature</u>
\$200,000/\$600,000	411	745	945	1045	1112
\$500,000/\$1,000,000	480	869	1103	1220	1298
\$1,000,000/\$3,000,000	564	1020	1295	1432	1523
\$2,000,000/\$6,000,000	704	1276	1618	1790	1904

<u>Limits of Coverage</u>	<u>Occurrence</u>
\$200,000/\$600,000	1234
\$500,000/\$1,000,000	1440
\$1,000,000/\$3,000,000	1691
\$2,000,000/\$6,000,000	2113

Class II

<u>Limits of Coverage</u>	<u>Claims Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>Mature</u>
\$1,000,000/\$3,000,000	1058	1916	2431	2689	2860

<u>Limits of Coverage</u>	<u>Occurrence</u>
\$1,000,000/\$3,000,000	3175

Class I

<u>Limits of Coverage</u>	<u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$479	\$867	\$1,100	\$1,216	\$1,294
\$500,000/\$1,000,000	\$532	\$964	\$1,223	\$1,353	\$1,439
\$1,000,000/\$3,000,000	\$598	\$1,083	\$1,374	\$1,520	\$1,617
\$2,000,000/\$6,000,000	\$673	\$1,219	\$1,546	\$1,710	\$1,819

RATE/RULE MANUAL
DENTAL PROFESSIONAL LIABILITY INSURANCE

<u>Limits of Coverage</u>	<u>Class I-F</u>				
	<u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
<u>\$250,000/\$750,000</u>	<u>\$598</u>	<u>\$1,083</u>	<u>\$1,374</u>	<u>\$1,520</u>	<u>\$1,617</u>
<u>\$500,000/\$1,000,000</u>	<u>\$666</u>	<u>\$1,205</u>	<u>\$1,529</u>	<u>\$1,691</u>	<u>\$1,799</u>
<u>\$1,000,000/\$3,000,000</u>	<u>\$748</u>	<u>\$1,354</u>	<u>\$1,718</u>	<u>\$1,900</u>	<u>\$2,021</u>
<u>\$2,000,000/\$6,000,000</u>	<u>\$841</u>	<u>\$1,524</u>	<u>\$1,933</u>	<u>\$2,137</u>	<u>\$2,274</u>

<u>Limits of Coverage</u>	<u>Class II</u>				
	<u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
<u>\$250,000/\$750,000</u>	<u>\$1,436</u>	<u>\$2,600</u>	<u>\$3,299</u>	<u>\$3,648</u>	<u>\$3,881</u>
<u>\$500,000/\$1,000,000</u>	<u>\$1,597</u>	<u>\$2,893</u>	<u>\$3,670</u>	<u>\$4,058</u>	<u>\$4,317</u>
<u>\$1,000,000/\$3,000,000</u>	<u>\$1,795</u>	<u>\$3,250</u>	<u>\$4,123</u>	<u>\$4,560</u>	<u>\$4,851</u>

Occurrence**Limits of Coverage**

	<u>\$250,000/ \$750,000</u>	<u>\$500,000/ \$1,000,000</u>	<u>\$1,000,000/ \$3,000,000</u>	<u>\$2,000,000/ \$6,000,000</u>
<u>Class I</u>	<u>\$1,436</u>	<u>\$1,597</u>	<u>\$1,795</u>	<u>\$2,019</u>
<u>Class I-F</u>	<u>\$1,795</u>	<u>\$1,997</u>	<u>\$2,244</u>	<u>\$2,524</u>
<u>Class II</u>	<u>\$4,308</u>	<u>\$4,792</u>	<u>\$5,385</u>	



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FORTRESS INSURANCE COMPANY
ILLINOIS RATES
Territory 2 – Remainder of State

Class I

<u>Limits of Coverage</u>	<u>Claims Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>Mature</u>
\$200,000/\$600,000	355	642	815	901	958
\$500,000/\$1,000,000	414	749	951	1051	1119
\$1,000,000/\$3,000,000	486	880	1116	1234	1313
\$2,000,000/\$6,000,000	607	1099	1395	1543	1641

<u>Limits of Coverage</u>	<u>Occurrence</u>
\$200,000/\$600,000	1064
\$500,000/\$1,000,000	1242
\$1,000,000/\$3,000,000	1457
\$2,000,000/\$6,000,000	1822

Class II

<u>Limits of Coverage</u>	<u>Claims Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>Mature</u>
\$1,000,000/\$3,000,000	912	1652	2096	2318	2465

<u>Limits of Coverage</u>	<u>Occurrence</u>
\$1,000,000/\$3,000,000	2737

Class I

<u>Limits of Coverage</u>	<u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$413	\$747	\$948	\$1,048	\$1,115
\$500,000/\$1,000,000	\$459	\$831	\$1,054	\$1,166	\$1,241

DENTAL PROFESSIONAL LIABILITY INSURANCE**RATE/RULE MANUAL**

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<u>\$1,000,000/\$3,000,000</u>	<u>\$516</u>	<u>\$934</u>	<u>\$1,185</u>	<u>\$1,310</u>	<u>\$1,394</u>
<u>\$2,000,000/\$6,000,000</u>	<u>\$580</u>	<u>\$1,051</u>	<u>\$1,333</u>	<u>\$1,474</u>	<u>\$1,568</u>

<u>Limits of Coverage</u>	<u>Class I-F</u>				
	<u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
<u>\$250,000/\$750,000</u>	<u>\$516</u>	<u>\$934</u>	<u>\$1,185</u>	<u>\$1,310</u>	<u>\$1,394</u>
<u>\$500,000/\$1,000,000</u>	<u>\$574</u>	<u>\$1,039</u>	<u>\$1,318</u>	<u>\$1,458</u>	<u>\$1,551</u>
<u>\$1,000,000/\$3,000,000</u>	<u>\$645</u>	<u>\$1,167</u>	<u>\$1,481</u>	<u>\$1,638</u>	<u>\$1,742</u>
<u>\$2,000,000/\$6,000,000</u>	<u>\$725</u>	<u>\$1,313</u>	<u>\$1,666</u>	<u>\$1,843</u>	<u>\$1,960</u>

<u>Limits of Coverage</u>	<u>Class II</u>				
	<u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
<u>\$250,000/\$750,000</u>	<u>\$1,238</u>	<u>\$2,241</u>	<u>\$2,843</u>	<u>\$3,145</u>	<u>\$3,345</u>
<u>\$500,000/\$1,000,000</u>	<u>\$1,377</u>	<u>\$2,493</u>	<u>\$3,163</u>	<u>\$3,498</u>	<u>\$3,722</u>
<u>\$1,000,000/\$3,000,000</u>	<u>\$1,547</u>	<u>\$2,802</u>	<u>\$3,554</u>	<u>\$3,931</u>	<u>\$4,182</u>

Occurrence

<u>Limits of Coverage</u>	<u>\$250,000/ \$750,000</u>	<u>\$500,000/ \$1,000,000</u>	<u>\$1,000,000/ \$3,000,000</u>	<u>\$2,000,000/ \$6,000,000</u>
<u>Class I</u>	<u>\$1,238</u>	<u>\$1,377</u>	<u>\$1,547</u>	<u>\$1,741</u>
<u>Class I-F</u>	<u>\$1,547</u>	<u>\$1,721</u>	<u>\$1,934</u>	<u>\$2,176</u>
<u>Class II</u>	<u>\$3,713</u>	<u>\$4,131</u>	<u>\$4,642</u>	



FORTRESS

Eligibility

In order for a dentist to be eligible for coverage, he or she must:

- a. Have a valid state license to practice dentistry;
- b. Not have knowingly made or caused to be made a false statement or misrepresentation of a material fact in applying for insurance.
- c. Have a claims and practice history considered to be acceptable to the Company.



FORTRESS

Policy Issued

A policy in a form approved by the Insurance Department will be delivered to each dentist insured upon receipt of the appropriate premium from said dentist.



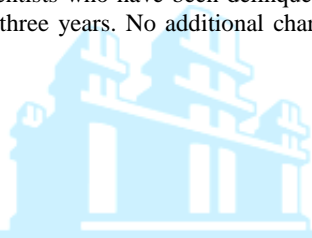
Policy Term

The term of each policy of insurance will be stated in the Declarations Page of the policy when issued. Unless otherwise requested by the dentist, policies will be written for a period of one year.



Premiums

Premiums payable on each policy of insurance will be stated on a Declarations Page of the policy when issued. Premiums are due and payable at the inception of the policy term, except that installment payments of annual premiums shall be permitted as follows: 25% of such premium shall be due on the policy inception date and 25% of such premium shall be due three, six and nine months thereafter. The installment payment option shall be available to all insured except for those dentists who have been delinquent in their payments on more than two occasions in the past three years. No additional charge will be applied for installment payments.



FORTRESS

Basis of Coverage

Coverage will be issued by the Company on a claims-made or occurrence basis at the approved rates and conditions applicable to this type of insurance.



Policy Limits

The minimum policy limits offered by the Company to dentists will be \$~~200~~250,000 per patient and \$~~600~~750,000 total limit. Increased limits will be available up to \$2,000,000 per patient and \$6,000,000 total limit.



FORTRESS

Classifications

The Company will provide

<u>Class</u>	<u>Specialty/Classification</u>
<u>Class I</u>	<u>General Dentistry</u>
	<u>Endodontics</u>
	<u>Pediatric Dentistry</u>
	<u>Orthodontics</u>
	<u>Dental Public Health</u>
	<u>Prosthodontics</u>
	<u>Periodontics</u>
<u>Class I-F</u>	<u>Oral & Maxillofacial Radiology</u>
	<u>Oral & Maxillofacial Pathology</u>
	<u>Dentists defined in Class I who administer moderate sedation, or who treat patients under moderate sedation (includes IV/IM and multi-dose oral sedation) or deep sedation (general anesthesia)</u>
	<u>Dentists defined in Class I who perform surgical placement of implants or extraction of impacted teeth</u>
<u>Class II</u>	<u>Dental Anesthesiology</u>
	<u>Dentists defined in Class I and Class I-F who administer moderate sedation to patients other than their own, or who administer deep sedation (general anesthesia)</u>

Professional Corporation, Association or Partnership

Fortress provides coverage for ~~the following classes of dentists:~~

~~Class I — General Practitioners or Specialists and for their Professional Corporations, Associations or Partnerships. Coverage would not apply to the general practitioner or specialist who is engaged in dentistry organizations on patients rendered unconscious through the administrations of general anesthesia unless the general anesthesia is administered in a duly licensed hospital or outpatient surgical center by an anesthesiologist, or certified registered nurse anesthetist supervised by such anesthesiologist; other than an insured dentist, his or her employees, or any other person or organization for whose acts or omissions the insured dentist is legally responsible.~~

~~Class 2 — Dental Anesthesiologist, who maintain a valid dental anesthesia certificate and limit their administration of general anesthesia only to patients of other dentists. The premium for this coverage will be calculated at 187.8% of the rate applicable to a Class I dentist. Only limits of \$1,000,000/\$3,000,000 are available for Class II dentists.~~

~~If a dentist practices in more than one classification the higher rated classification will apply.~~

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Professional Corporation, Association or Partnership

Coverage may be provided for a professional corporation, association or partnership on either:

A. a shared ~~limits of liability limit~~ basis with all other insured, in which case no (additional premium will be charged; or

B. insured) and via a separate additional limits of liability basis at an additional premium. In this case an Organization Policy will be issued. The limits shall be the equivalent of the highest limits applicable to the dentist insured by the Company who are members of the professional corporation, association or partnership. The premium would be the sum of the following organization policy as outlined below:

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Shared Limit Basis (Additional Insured)

A. Coverage for a dentist's sole shareholder corporation is available under his/her individual policy. A dentist may not add a corporation as an additional insured on his/her policy unless it is a sole shareholder corporation or entity, which he owns 100%.

B. Coverage may be provided on a shared limit basis to corporate entities owned 100% by an organization, which maintains a Fortress Organization policy. The additional insured entity must be endorsed onto the Fortress policy for coverage to apply. An example of an acceptable additional insured would be an organization created and 100% owned by the named insured entity to perform administrative duties for the named insured or a practice site 100% owned by the named insured operating under a separate corporate entity or trade name (DBA).

Separate Limit Basis (Organization Policy)

Coverage may be provided via a separate organization policy for an additional premium. The premium will be calculated as follows:

1. 10% of the premium for each dentist partner, shareholder and employee insured by the Company; and

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2. 20% of the premium calculated at the Company's rates, (mature rate if claims made policy is issued), for each dentist partner, shareholder and employee insured by another company carrier;

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~~In all instances involving a solo professional corporation or association, consisting of one dentist, the corporation or association will be listed as an additional insured under the individual dentist's policy and will share his or her limits of liability.~~

3. An additional surcharge may be added to groups that present a risk higher than anticipated by standard rates. Underwriting criteria to be considered include: completed organization application, historical ten year loss experience, cumulative number of years of patient experience, management control procedures, organizational structure and multi-state exposure.

To be considered for a separate limit policy the following criteria must be met:

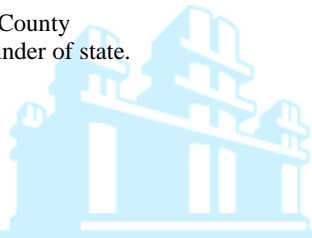
1. A minimum of 75% of the underlying dentists must be insured with Fortress and maintain limits greater than or equal to the Organization.
2. Dentists not insured with Fortress must demonstrate continuous insurance and maintain limits of liability greater than or equal to the Organization. Certificates of insurance or a copy of their Declarations Page should be provided to Fortress.
3. All dentists who maintain an ownership interest in the organization must be insured with Fortress.

Rating

The location of the dental practice determines the rating territory of an insured. If an insured practices in more than one territory, the higher rated territory shall be used to determine his or her premium.

The Territorial definitions are:

- Territory 1 – Cook County
- Territory 2 – Remainder of state.



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Deductibles

Insured who present additional risk exposure may be provided insurance subject to a policy deductible of up to \$25,000 per claim/\$75,000 annual aggregate.



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Schedule Rating Program

The Company may apply a schedule credit or debit, based on underwriting judgment, to policyholders who demonstrate certain risk characteristics not contemplated in the filed rate structure. The underwriter will consider the following when determining whether to apply a schedule credit or debit:

- a. Historical loss experience;
- b. Claim anomalies in the historical loss experience;
- c. Cumulative number of years of patient experience;
- d. Management control procedures.

In recognition of the above factors, the Company will apply a credit or debit to the applicable rate based on the overall evaluation of the risk.

The maximum schedule ~~credit~~debit is 2025%.

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~~The maximum schedule debit is 25%.~~

DENTAL PROFESSIONAL LIABILITY INSURANCE

RATE/RULE MANUAL

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Refer to “Loss Free Credit” for applicable discount due to favorable loss experience.



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Termination or Conditional Renewal

Policies may be cancelled by insured at any time by submitting written notice to the Company or by surrender of the policy to the Company. Policies may be cancelled or non-renewed or conditionally renewed by or on behalf of the Company, as provided for under the Insurance Laws of the state.



FORTRESS

Computation of Return Premium

Whether cancellation occurs by the insured or by the Company, earned premium shall be computed pro-rata.



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Extended Reporting (Tail) Coverage

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Upon cancellation or ~~nonrenewal~~non-renewal of the policy, ~~except when the cancellation or nonrenewal is a result of the nonpayment of premium or any deductible,~~ the insured will be eligible for unlimited extended reporting (tail) coverage. The premium for this coverage will be calculated ~~using~~as outlined below. ~~In the event the policy cancellation is a result of an insured's death or total disability the mature claims made rate multiplied by a factor that reflects~~tail will be issued at no charge. We will also provide tail at no cost to the ~~percentage~~policyholder if he/she permanently retires from the practice of dentistry, at any age, provided he/she has been continuously insured by Fortress for five consecutive years immediately preceding retirement. If the insured permanently retires, and has not been insured by Fortress for five years immediately preceding retirement, a credit of ~~mature claims made exposure~~.20% for each consecutive 12 month period will be applied to the reporting endorsement premium.

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Years Covered	Percent of Mature
Under Claims Made	Claims made Rates
1 Year	.69
2 Year	1.06
3 Year	1.22
4 Year	1.29

5 or More Years Reporting Endorsement Calculation for Individual Risks:Expiring Annual PremiumX 1.31

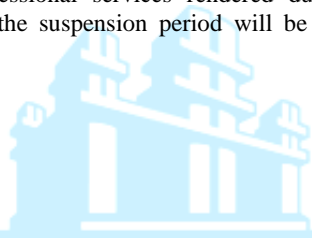
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= Reporting Endorsement PremiumReporting Endorsement Calculation for Corporate Risks:Expiring Annual PremiumX 1.31= Reporting Endorsement Premium

* Note: Suspension of Insurance credit will not be included in the calculation.

Suspension of Insurance

In the event a dentist is removed from practice by reason of disability, sabbatical or other reason for a period of at least three (3) months but not more than two (2) years, the dentist will be issued a Suspension of Insurance Endorsement. This Endorsement will allow for the reporting of claims during the suspension period arising from acts performed by the dentist prior to the commencement of the suspension period. The Endorsement will further contain exclusion related to professional services rendered during the suspension period. The premium charged during the suspension period will be 15% of the otherwise applicable policy premium.



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New Dentist Discount

The Company will provide premium discounts for a three year period to dentists who enter either a solo or a group private practice immediately following completion of their formal training. (Such formal training shall include the time spent on active military duty.)

The premium ~~discounts~~ will be ~~applied~~calculated as follows:

~~For~~First Year

	<u>Class I & I-F</u>	<u>Class II</u>	<u>Not otherwise classified</u>
<u>Claims Made</u>	<u>\$50</u>	<u>\$175</u>	<u>\$300</u>
<u>Occurrence</u>	<u>\$100</u>	<u>\$350</u>	<u>\$600</u>

Second Year 40% Premium CreditThird Year 25% Premium Credit

~~— Policyholders who are receiving the first year—a 60% New Dentist Discount will not be eligible for any additional premium credit~~

~~— For the second year—a 40% premium credit~~exception of Suspension of Insurance.
~~— For the third year—a 25% premium credit~~

For credits, with

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The rates of discount will not be increased in the event a dentist concurrently qualifies for a rate credit related to the Company's Part-Time Practice Program. In such instances, the premium credit granted shall be the one contained in the program that would provide the greater rate of discount.

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In the event of cancellation of a claims made policy rated with the first year New Dentist Discount, the extended reporting (tail) coverage will be calculated as follows:

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First Year Fee X Tail Factor

Part-Time Practice Discounts

Fortress has established a rating structure to provide coverage for a dentist that has restricted his or her practice. A dentist must meet the following guidelines for part-time coverage in order to qualify for a reduced premium.

- 1) Dentists who are 55 years of age or older and can document (per the part-time application) that they practice less than 20 hours per week or 1000 hours per year;
- 2) Dentists who have a medically-certifiable disability which prohibits a full-time practice and who practice less than 20 hours per week or 1000 hours per year as a direct consequence of that disability;
- 3) Dentists who teach full-time in an ADA-approved training program and who are engaged in a private practice with appropriate patient follow-up not to exceed a total of 20 hours per week or 1000 hours per year outside the training institution;
- 4) Dentists who are students pursuing a medical or graduate degree on a full-time basis and are engaged in a private practice with appropriate patient follow up not to exceed a total of 20 hours per week or 1000 hours per year.
- 5) Dentists who have not reached the age of 55 who can meet all of the following requirements shown below (subject to Underwriting approval.)
 - a) Maintain a private practice of less than 20 hours per week or 1000 hours per year, and
 - b) Provide evidence that they are employed by or provide services on a fee-for-service or independent contractor basis for at least 20 hours per week or 1000 hours per year at another facility. Furthermore, the dentist must provide evidence that this other facility is providing professional liability insurance for this activity. Note: The dentist's policy will be endorsed to exclude professional services at this other facility.
- 6) Dentists who are stay-at-home care givers, who practice less than 20 hours per week or 1000 hours per year in a private practice may qualify for part-time.

To apply for part-time coverage, the dentist must complete a supplemental application for part-time coverage and provide the appropriate additional documentation. The dentist will periodically be required to submit updated documentation to verify continued part-time eligibility.

Premium discounted to part-time (50%) is calculated in the following manner:

Base rate X .50 (50%)

Risk Management Credits

A 10% Risk Management credit will be applied to the applicable rate for dentists who successfully complete a Risk Management program approved by the Company. The credit will be allowed for three (3) successive policy periods with the initial credit being applied to the first full policy period after completion of the program. However, if such completion occurs within sixty (60) days of the effective date of the current policy period, the first of the three credits will be applied to the current policy period.

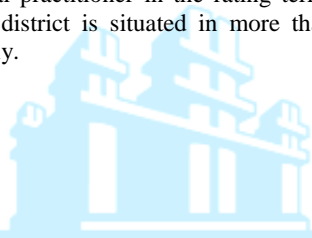


FORTRESS

Coverage for District Dental Societies

Professional liability coverage will be available to district dental societies by endorsement. Protection will be provided for claims for injury arising out of the district dental society rendering or failing to render professional services.

The premium for this coverage will be calculated at 15% of the rate applicable to a dentist who functions as a general practitioner in the rating territory where the district society is located. In the event the district is situated in more than one territory, the higher rated territory premium will apply.

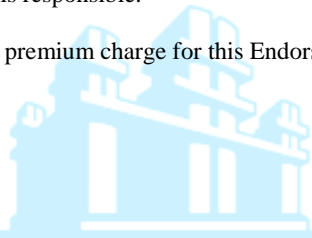


FORTRESS

Sales of Practice Additional Insured Endorsement Coverage

An Additional Insured Endorsement will be made available to policyholders to cover the former owner(s) of their dental practice. The Endorsement names the former owner(s) as an additional insured(s) and the coverage afforded by the Endorsement will be limited to the former owner's liability arising out of professional services which were provided (or should have been provided) by the insured who purchased the dental practice or by a person for whose conduct the insured is responsible.

There will be no additional premium charge for this Endorsement.



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DENTAL PROFESSIONAL LIABILITY INSURANCE

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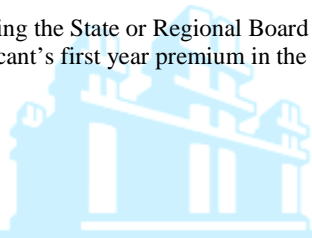
Coverage for Dental Candidates

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Professional liability coverage will be available to Dental Candidates while they are taking the State or Regional Board Examination for a license to practice dentistry in the state and only for that period of time.

All Dental Candidates will be insured by a policy providing limits of liability of \$1,000,000 per patient/\$3,000,000 total limit. The Company will charge a premium of \$25 for the policy. The policy will be issued upon payment of the policy premium.

After successfully completing the State or Regional Board Examination the \$25 premium will be applied to the applicant's first year premium in the event they secure a Fortress policy for their practice activities.



FORTRESS

Locum Tenens

Locum tenens is a Latin term that means one person who substitutes for another. Coverage can be afforded when an insured is temporarily away from his or her practice and another person practices in his or her place. The locum tenens dentist is only covered for specified dates. He or she is not afforded his or her own set of limits, but shares in our insured's limits of coverage.

This is available to our insured with the following guidelines:

- 1) The locum tenens dentist must submit a fully completed application and be approved by the underwriter prior to the first date of coverage.
- 2) If approved, locum tenens coverage will be provided at no additional charge for no more than 45 days during any one-policy period for both the individual and organization policies. If the number of days in a policy year exceeds this number, an additional premium will be calculated at 100% of the daily rate for each additional day.

FORTRESS

DENTAL PROFESSIONAL LIABILITY INSURANCE

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Loss Free Credit

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Dentists who can demonstrate a five year loss free profile as of the original effective date of coverage, and/or at the time of renewal review (evaluation period), will be eligible for a 10% discount.

For purposes of this program "loss" has been defined as any of the following occurring during the evaluation period:

- Any claim with an indemnity payment, regardless of amount;
- Frequency of two or more claims reported during a five year period, regardless of expense or indemnity payment.

If either of the above is met the loss free status reverts to 0 years as of policy issuance or the time of renewal.

The loss free credit will be extended over loss free years based on the following guidelines:

- The applicant/insured must be able to demonstrate continuous professional liability coverage during the evaluation period via: Declaration Pages, Extended Reporting Endorsements and/or Certificates of Insurance.
- The applicant/insured must be able to demonstrate five years of eligible loss free experience. Claims histories from all carriers within the last five year period must be submitted for review at the time of application. Periods of training and/or periods of alternative coverage may not be eligible for the application of the credit. Examples of alternate coverage include, but are not limited to, risk retention groups, captives, trusts, and risk purchasing groups
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FORTRESS INSURANCE COMPANY

DENTAL PROFESSIONAL LIABILITY INSURANCE

ILLINOIS

RATE/RULE MANUAL

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FORTRESS INSURANCE COMPANY
ILLINOIS RATES
Territory 1 – Cook County

<u>Limits of Coverage</u>	<u>Class I</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$479	\$867	\$1,100	\$1,216	\$1,294
\$500,000/\$1,000,000	\$532	\$964	\$1,223	\$1,353	\$1,439
\$1,000,000/\$3,000,000	\$598	\$1,083	\$1,374	\$1,520	\$1,617
\$2,000,000/\$6,000,000	\$673	\$1,219	\$1,546	\$1,710	\$1,819

<u>Limits of Coverage</u>	<u>Class I-F</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$598	\$1,083	\$1,374	\$1,520	\$1,617
\$500,000/\$1,000,000	\$666	\$1,205	\$1,529	\$1,691	\$1,799
\$1,000,000/\$3,000,000	\$748	\$1,354	\$1,718	\$1,900	\$2,021
\$2,000,000/\$6,000,000	\$841	\$1,524	\$1,933	\$2,137	\$2,274

<u>Limits of Coverage</u>	<u>Class II</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$1,436	\$2,600	\$3,299	\$3,648	\$3,881
\$500,000/\$1,000,000	\$1,597	\$2,893	\$3,670	\$4,058	\$4,317
\$1,000,000/\$3,000,000	\$1,795	\$3,250	\$4,123	\$4,560	\$4,851

Occurrence

<u>Limits of Coverage</u>	\$250,000/ \$750,000	\$500,000/ \$1,000,000	\$1,000,000/ \$3,000,000	\$2,000,000/ \$6,000,000
Class I	\$1,436	\$1,597	\$1,795	\$2,019
Class I-F	\$1,795	\$1,997	\$2,244	\$2,524
Class II	\$4,308	\$4,792	\$5,385	



FORTRESS

FORTRESS INSURANCE COMPANY
ILLINOIS RATES
Territory 2 – Remainder of State

<u>Limits of Coverage</u>	<u>Class I</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$413	\$747	\$948	\$1,048	\$1,115
\$500,000/\$1,000,000	\$459	\$831	\$1,054	\$1,166	\$1,241
\$1,000,000/\$3,000,000	\$516	\$934	\$1,185	\$1,310	\$1,394
\$2,000,000/\$6,000,000	\$580	\$1,051	\$1,333	\$1,474	\$1,568

<u>Limits of Coverage</u>	<u>Class I-F</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$516	\$934	\$1,185	\$1,310	\$1,394
\$500,000/\$1,000,000	\$574	\$1,039	\$1,318	\$1,458	\$1,551
\$1,000,000/\$3,000,000	\$645	\$1,167	\$1,481	\$1,638	\$1,742
\$2,000,000/\$6,000,000	\$725	\$1,313	\$1,666	\$1,843	\$1,960

<u>Limits of Coverage</u>	<u>Class II</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$1,238	\$2,241	\$2,843	\$3,145	\$3,345
\$500,000/\$1,000,000	\$1,377	\$2,493	\$3,163	\$3,498	\$3,722
\$1,000,000/\$3,000,000	\$1,547	\$2,802	\$3,554	\$3,931	\$4,182

Occurrence

<u>Limits of Coverage</u>	\$250,000/ \$750,000	\$500,000/ \$1,000,000	\$1,000,000/ \$3,000,000	\$2,000,000/ \$6,000,000
Class I	\$1,238	\$1,377	\$1,547	\$1,741
Class I-F	\$1,547	\$1,721	\$1,934	\$2,176
Class II	\$3,713	\$4,131	\$4,642	



FORTRESS

Eligibility

In order for a dentist to be eligible for coverage, he or she must:

- a. Have a valid state license to practice dentistry;
- b. Not have knowingly made or caused to be made a false statement or misrepresentation of a material fact in applying for insurance.
- c. Have a claims and practice history considered to be acceptable to the Company.



FORTRESS

Policy Issued

A policy in a form approved by the Insurance Department will be delivered to each dentist insured upon receipt of the appropriate premium from said dentist.



FORTRESS

Policy Term

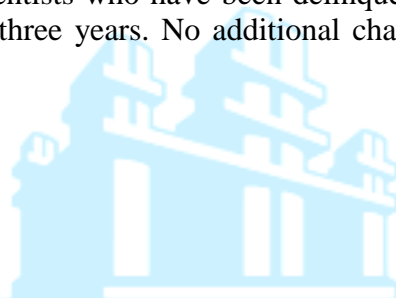
The term of each policy of insurance will be stated in the Declarations Page of the policy when issued. Unless otherwise requested by the dentist, policies will be written for a period of one year.



FORTRESS

Premiums

Premiums payable on each policy of insurance will be stated on a Declarations Page of the policy when issued. Premiums are due and payable at the inception of the policy term, except that installment payments of annual premiums shall be permitted as follows: 25% of such premium shall be due on the policy inception date and 25% of such premium shall be due three, six and nine months thereafter. The installment payment option shall be available to all insured except for those dentists who have been delinquent in their payments on more than two occasions in the past three years. No additional charge will be applied for installment payments.



FORTRESS

Basis of Coverage

Coverage will be issued by the Company on a claims-made or occurrence basis at the approved rates and conditions applicable to this type of insurance.



FORTRESS

Policy Limits

The minimum policy limits offered by the Company to dentists will be \$250,000 per patient and \$750,000 total limit. Increased limits will be available up to \$2,000,000 per patient and \$6,000,000 total limit.



FORTRESS

Classifications

Class	Specialty/Classification
Class I	General Dentistry
	Endodontics
	Pediatric Dentistry
	Orthodontics
	Dental Public Health
	Prosthodontics
	Periodontics
Class I-F	Oral & Maxillofacial Radiology
	Oral & Maxillofacial Pathology
	Dentists defined in Class I who administer moderate sedation, or who treat patients under moderate sedation (includes IV/IM and multi-dose oral sedation) or deep sedation (general anesthesia)
	Dentists defined in Class I who perform surgical placement of implants or extraction of impacted teeth
Class II	Dental Anesthesiology
	Dentists defined in Class I and Class I-F who administer moderate sedation to patients other than their own, or who administer deep sedation (general anesthesia)

Professional Corporation, Association or Partnership

Fortress provides coverage for organizations on a shared limit basis (additional insured) and via a separate organization policy as outlined below:

Shared Limit Basis (Additional Insured)

- A. Coverage for a dentist's sole shareholder corporation is available under his/her individual policy. A dentist may not add a corporation as an additional insured on his/her policy unless it is a sole shareholder corporation or entity, which he owns 100%.
- B. Coverage may be provided on a shared limit basis to corporate entities owned 100% by an organization, which maintains a Fortress Organization policy. The additional insured entity must be endorsed onto the Fortress policy for coverage to apply. An example of an acceptable additional insured would be an organization created and 100% owned by the named insured entity to perform administrative duties for the named insured or a practice site 100% owned by the named insured operating under a separate corporate entity or trade name (DBA).

Separate Limit Basis (Organization Policy)

Coverage may be provided via a separate organization policy for an additional premium. The premium will be calculated as follows:

1. 10% of the premium for each dentist insured by the Company;
2. 20% of the premium calculated at the Company's rates (mature rate if claims made policy is issued), for each dentist insured by another carrier;
3. An additional surcharge may be added to groups that present a risk higher than anticipated by standard rates. Underwriting criteria to be considered include: completed organization application, historical ten year loss experience, cumulative number of years of patient experience, management control procedures, organizational structure and multi-state exposure.

To be considered for a separate limit policy the following criteria must be met:

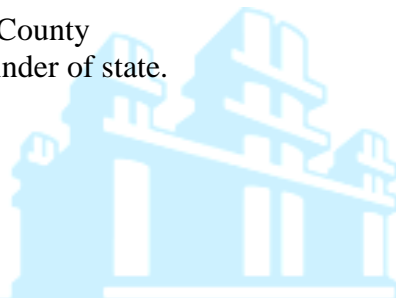
1. A minimum of 75% of the underlying dentists must be insured with Fortress and maintain limits greater than or equal to the Organization.
2. Dentists not insured with Fortress must demonstrate continuous insurance and maintain limits of liability greater than or equal to the Organization. Certificates of insurance or a copy of their Declarations Page should be provided to Fortress.
3. All dentists who maintain an ownership interest in the organization must be insured with Fortress.

Rating

The location of the dental practice determines the rating territory of an insured. If an insured practices in more than one territory, the higher rated territory shall be used to determine his or her premium.

The Territorial definitions are:

- Territory 1 – Cook County
- Territory 2 – Remainder of state.



FORTRESS

Deductibles

Insured who present additional risk exposure may be provided insurance subject to a policy deductible of up to \$25,000 per claim/\$75,000 annual aggregate.



FORTRESS

Schedule Rating Program

The Company may apply a schedule credit or debit, based on underwriting judgment, to policyholders who demonstrate certain risk characteristics not contemplated in the filed rate structure. The underwriter will consider the following when determining whether to apply a schedule credit or debit:

- a. Historical loss experience;
- b. Claim anomalies in the historical loss experience;
- c. Cumulative number of years of patient experience;
- d. Management control procedures.

In recognition of the above factors, the Company will apply a credit or debit to the applicable rate based on the overall evaluation of the risk.

The maximum schedule credit is 20%.

The maximum schedule debit is 25%.

FORTRESS

Termination or Conditional Renewal

Policies may be cancelled by insured at any time by submitting written notice to the Company or by surrender of the policy to the Company. Policies may be cancelled or non-renewed or conditionally renewed by or on behalf of the Company, as provided for under the Insurance Laws of the state.



FORTRESS

Computation of Return Premium

Whether cancellation occurs by the insured or by the Company, earned premium shall be computed pro-rata.



FORTRESS

Extended Reporting (Tail) Coverage

Upon cancellation or non-renewal of the policy the insured will be eligible for unlimited extended reporting (tail) coverage. The premium for this coverage will be calculated as outlined below. In the event the policy cancellation is a result of an insured's death or total disability the tail will be issued at no charge. We will also provide tail at no cost to the policyholder if he/she permanently retires from the practice of dentistry, at any age, provided he/she has been continuously insured by Fortress for five consecutive years immediately preceding retirement. If the insured permanently retires, and has not been insured by Fortress for five years immediately preceding retirement, a credit of 20% for each consecutive 12 month period will be applied to the reporting endorsement premium.

Reporting Endorsement Calculation for Individual Risks:

Mature Rate (rates in effect for current policy period)

X Part Time Factor

= *Adjusted Premium*

- Applicable Discounts* (Discount Factor X Adjusted Premium)

+ Adverse Loss Experience Surcharge (Surcharge Factor X Adjusted Premium)

= *Adjusted Discounted Premium*

X Tail Factor

= *Reporting Endorsement Premium*

* Applicable Discounts: New-to-Practice, Risk Management and Schedule Credits.

Reporting Endorsement Calculation for Corporate Risks:

Expiring Corporate Premium

X Tail Factor

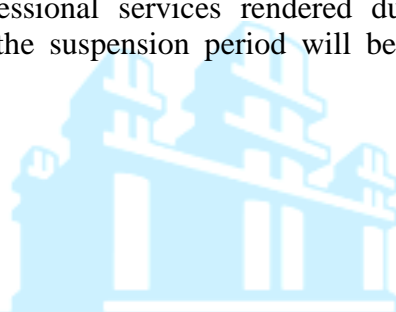
= *Reporting Endorsement Premium*

Tail Factors

1 Year	.69
2 Year	1.06
3 Year	1.22
4 Year	1.29
5 or More Years	1.31

Suspension of Insurance

In the event a dentist is removed from practice by reason of disability, sabbatical or other reason for a period of at least three (3) months but not more than two (2) years, the dentist will be issued a Suspension of Insurance Endorsement. This Endorsement will allow for the reporting of claims during the suspension period arising from acts performed by the dentist prior to the commencement of the suspension period. The Endorsement will further contain exclusion related to professional services rendered during the suspension period. The premium charged during the suspension period will be 15% of the otherwise applicable policy premium.



FORTRESS

New Dentist Discount

The Company will provide premium discounts for a three year period to dentists who enter either a solo or a group private practice immediately following completion of their formal training. (Such formal training shall include the time spent on active military duty.)

The premium will be calculated as follows:

First Year

	Class I & I-F	Class II	Not otherwise classified
Claims Made	\$50	\$175	\$300
Occurrence	\$100	\$350	\$600

Second Year	40% Premium Credit
Third Year	25% Premium Credit

Policyholders who are receiving the first year New Dentist Discount will not be eligible for any additional premium credits, with the exception of Suspension of Insurance.

The rates of discount will not be increased in the event a dentist concurrently qualifies for a rate credit related to the Company's Part-Time Practice Program. In such instances, the premium credit granted shall be the one contained in the program that would provide the greater rate of discount.

In the event of cancellation of a claims made policy rated with the first year New Dentist Discount, the extended reporting (tail) coverage will be calculated as follows:

$$\text{First Year Fee} \times \text{Tail Factor}$$

Part-Time Practice Discounts

Fortress has established a rating structure to provide coverage for a dentist that has restricted his or her practice. A dentist must meet the following guidelines for part-time coverage in order to qualify for a reduced premium.

- 1) Dentists who are 55 years of age or older and can document (per the part-time application) that they practice less than 20 hours per week or 1000 hours per year;
- 2) Dentists who have a medically-certifiable disability which prohibits a full-time practice and who practice less than 20 hours per week or 1000 hours per year as a direct consequence of that disability;
- 3) Dentists who teach full-time in an ADA-approved training program and who are engaged in a private practice with appropriate patient follow-up not to exceed a total of 20 hours per week or 1000 hours per year outside the training institution;
- 4) Dentists who are students pursuing a medical or graduate degree on a full-time basis and are engaged in a private practice with appropriate patient follow up not to exceed a total of 20 hours per week or 1000 hours per year.
- 5) Dentists who have not reached the age of 55 who can meet all of the following requirements shown below (subject to Underwriting approval.)
 - a) Maintain a private practice of less than 20 hours per week or 1000 hours per year, and
 - b) Provide evidence that they are employed by or provide services on a fee-for-service or independent contractor basis for at least 20 hours per week or 1000 hours per year at another facility. Furthermore, the dentist must provide evidence that this other facility is providing professional liability insurance for this activity. Note: The dentist's policy will be endorsed to exclude professional services at this other facility.
- 6) Dentists who are stay-at-home care givers, who practice less than 20 hours per week or 1000 hours per year in a private practice may qualify for part-time.

To apply for part-time coverage, the dentist must complete a supplemental application for part-time coverage and provide the appropriate additional documentation. The dentist will periodically be required to submit updated documentation to verify continued part-time eligibility.

Premium discounted to part-time (50%) is calculated in the following manner:

Base rate X .50 (50%)

Risk Management Credits

A 10% Risk Management credit will be applied to the applicable rate for dentists who successfully complete a Risk Management program approved by the Company. The credit will be allowed for three (3) successive policy periods with the initial credit being applied to the first full policy period after completion of the program. However, if such completion occurs within sixty (60) days of the effective date of the current policy period, the first of the three credits will be applied to the current policy period.

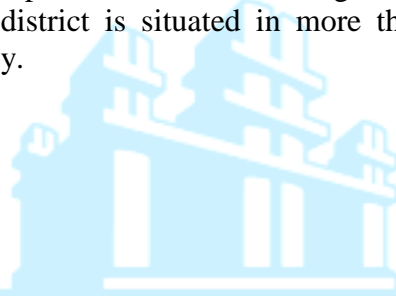


FORTRESS

Coverage for District Dental Societies

Professional liability coverage will be available to district dental societies by endorsement. Protection will be provided for claims for injury arising out of the district dental society rendering or failing to render professional services.

The premium for this coverage will be calculated at 15% of the rate applicable to a dentist who functions as a general practitioner in the rating territory where the district society is located. In the event the district is situated in more than one territory, the higher rated territory premium will apply.

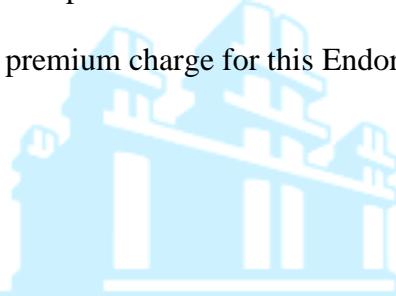


FORTRESS

Sales of Practice Additional Insured Endorsement Coverage

An Additional Insured Endorsement will be made available to policyholders to cover the former owner(s) of their dental practice. The Endorsement names the former owner(s) as an additional insured(s) and the coverage afforded by the Endorsement will be limited to the former owner's liability arising out of professional services which were provided (or should have been provided) by the insured who purchased the dental practice or by a person for whose conduct the insured is responsible.

There will be no additional premium charge for this Endorsement.



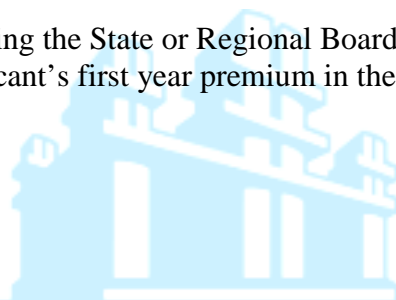
FORTRESS

Coverage for Dental Candidates

Professional liability coverage will be available to Dental Candidates while they are taking the State or Regional Board Examination for a license to practice dentistry in the state and only for that period of time.

All Dental Candidates will be insured by a policy providing limits of liability of \$1,000,000 per patient/\$3,000,000 total limit. The Company will charge a premium of \$25 for the policy. The policy will be issued upon payment of the policy premium.

After successfully completing the State or Regional Board Examination the \$25 premium will be applied to the applicant's first year premium in the event they secure a Fortress policy for their practice activities.



FORTRESS

Locum Tenens

Locum tenens is a Latin term that means one person who substitutes for another. Coverage can be afforded when an insured is temporarily away from his or her practice and another person practices in his or her place. The locum tenens dentist is only covered for specified dates. He or she is not afforded his or her own set of limits, but shares in our insured's limits of coverage.

This is available to our insured with the following guidelines:

- 1) The locum tenens dentist must submit a fully completed application and be approved by the underwriter prior to the first date of coverage.
- 2) If approved, locum tenens coverage will be provided at no additional charge for no more than 45 days during any one-policy period for both the individual and organization policies. If the number of days in a policy year exceeds this number, an additional premium will be calculated at 100% of the daily rate for each additional day.

FORTRESS

Loss Free Credit

Dentists who can demonstrate a five year loss free profile as of the original effective date of coverage, and/or at the time of renewal review (evaluation period), will be eligible for a 10% discount.

For purposes of this program “loss” has been defined as any of the following occurring during the evaluation period:

- Any claim with an indemnity payment, regardless of amount;
- Frequency of two or more claims reported during a five year period, regardless of expense or indemnity payment.

If either of the above is met the loss free status reverts to 0 years as of policy issuance or the time of renewal.

The loss free credit will be extended over loss free years based on the following guidelines:

- The applicant/insured must be able to demonstrate continuous professional liability coverage during the evaluation period via: Declaration Pages, Extended Reporting Endorsements and/or Certificates of Insurance.
- The applicant/insured must be able to demonstrate five years of eligible loss free experience. Claims histories from all carriers within the last five year period must be submitted for review at the time of application. Periods of training and/or periods of alternative coverage may not be eligible for the application of the credit. Examples of alternate coverage include, but are not limited to, risk retention groups, captives, trusts, and risk purchasing groups



FORTRESS INSURANCE COMPANY

DENTAL PROFESSIONAL LIABILITY INSURANCE

ILLINOIS

RATE/RULE MANUAL

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**RATE/RULE MANUAL
DENTAL PROFESSIONAL LIABILITY INSURANCE**

**FORTRESS INSURANCE COMPANY
ILLINOIS RATES
Territory 1 – Cook County**

Class I

<u>Limits of Coverage</u>	<u>Claims Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd year</u>	<u>4th Year</u>	<u>Mature</u>
\$200,000/\$600,000	411	745	945	1045	1112
\$500,000/\$1,000,000	480	869	1103	1220	1298
\$1,000,000/\$3,000,000	564	1020	1295	1432	1523
\$2,000,000/\$6,000,000	704	1276	1618	1790	1904

<u>Limits of Coverage</u>	<u>Occurrence</u>
\$200,000/\$600,000	1234
\$500,000/\$1,000,000	1440
\$1,000,000/\$3,000,000	1691
\$2,000,000/\$6,000,000	2113

Class II

<u>Limits of Coverage</u>	<u>Claims Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd year</u>	<u>4th Year</u>	<u>Mature</u>
\$1,000,000/\$3,000,000	1058	1916	2431	2689	2860

<u>Limits of Coverage</u>	<u>Occurrence</u>
\$1,000,000/\$3,000,000	3175

Class I

<u>Limits of Coverage</u>	<u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$479	\$867	\$1,100	\$1,216	\$1,294
\$500,000/\$1,000,000	\$532	\$964	\$1,223	\$1,353	\$1,439
\$1,000,000/\$3,000,000	\$598	\$1,083	\$1,374	\$1,520	\$1,617
\$2,000,000/\$6,000,000	\$673	\$1,219	\$1,546	\$1,710	\$1,819

RATE/RULE MANUAL
DENTAL PROFESSIONAL LIABILITY INSURANCE

<u>Limits of Coverage</u>	<u>Class I-F</u>				
	<u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
<u>\$250,000/\$750,000</u>	<u>\$598</u>	<u>\$1,083</u>	<u>\$1,374</u>	<u>\$1,520</u>	<u>\$1,617</u>
<u>\$500,000/\$1,000,000</u>	<u>\$666</u>	<u>\$1,205</u>	<u>\$1,529</u>	<u>\$1,691</u>	<u>\$1,799</u>
<u>\$1,000,000/\$3,000,000</u>	<u>\$748</u>	<u>\$1,354</u>	<u>\$1,718</u>	<u>\$1,900</u>	<u>\$2,021</u>
<u>\$2,000,000/\$6,000,000</u>	<u>\$841</u>	<u>\$1,524</u>	<u>\$1,933</u>	<u>\$2,137</u>	<u>\$2,274</u>

<u>Limits of Coverage</u>	<u>Class II</u>				
	<u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
<u>\$250,000/\$750,000</u>	<u>\$1,436</u>	<u>\$2,600</u>	<u>\$3,299</u>	<u>\$3,648</u>	<u>\$3,881</u>
<u>\$500,000/\$1,000,000</u>	<u>\$1,597</u>	<u>\$2,893</u>	<u>\$3,670</u>	<u>\$4,058</u>	<u>\$4,317</u>
<u>\$1,000,000/\$3,000,000</u>	<u>\$1,795</u>	<u>\$3,250</u>	<u>\$4,123</u>	<u>\$4,560</u>	<u>\$4,851</u>

Occurrence**Limits of Coverage**

	<u>\$250,000/ \$750,000</u>	<u>\$500,000/ \$1,000,000</u>	<u>\$1,000,000/ \$3,000,000</u>	<u>\$2,000,000/ \$6,000,000</u>
<u>Class I</u>	<u>\$1,436</u>	<u>\$1,597</u>	<u>\$1,795</u>	<u>\$2,019</u>
<u>Class I-F</u>	<u>\$1,795</u>	<u>\$1,997</u>	<u>\$2,244</u>	<u>\$2,524</u>
<u>Class II</u>	<u>\$4,308</u>	<u>\$4,792</u>	<u>\$5,385</u>	



FORTRESS

FORTRESS INSURANCE COMPANY
ILLINOIS RATES
Territory 2 – Remainder of State

Class I

<u>Limits of Coverage</u>	<u>Claims Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd year</u>	<u>4th Year</u>	<u>Mature</u>
\$200,000/\$600,000	355	642	815	901	958
\$500,000/\$1,000,000	414	749	951	1051	1119
\$1,000,000/\$3,000,000	486	880	1116	1234	1313
\$2,000,000/\$6,000,000	607	1099	1395	1543	1641

<u>Limits of Coverage</u>	<u>Occurrence</u>
\$200,000/\$600,000	1064
\$500,000/\$1,000,000	1242
\$1,000,000/\$3,000,000	1457
\$2,000,000/\$6,000,000	1822

Class II

<u>Limits of Coverage</u>	<u>Claims Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd year</u>	<u>4th Year</u>	<u>Mature</u>
\$1,000,000/\$3,000,000	912	1652	2096	2318	2465

<u>Limits of Coverage</u>	<u>Occurrence</u>
\$1,000,000/\$3,000,000	2737

Class I

<u>Limits of Coverage</u>	<u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$413	\$747	\$948	\$1,048	\$1,115
\$500,000/\$1,000,000	\$459	\$831	\$1,054	\$1,166	\$1,241

DENTAL PROFESSIONAL LIABILITY INSURANCE**RATE/RULE MANUAL**

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<u>\$1,000,000/\$3,000,000</u>	<u>\$516</u>	<u>\$934</u>	<u>\$1,185</u>	<u>\$1,310</u>	<u>\$1,394</u>
<u>\$2,000,000/\$6,000,000</u>	<u>\$580</u>	<u>\$1,051</u>	<u>\$1,333</u>	<u>\$1,474</u>	<u>\$1,568</u>

<u>Limits of Coverage</u>	<u>Class I-F</u>				
	<u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
<u>\$250,000/\$750,000</u>	<u>\$516</u>	<u>\$934</u>	<u>\$1,185</u>	<u>\$1,310</u>	<u>\$1,394</u>
<u>\$500,000/\$1,000,000</u>	<u>\$574</u>	<u>\$1,039</u>	<u>\$1,318</u>	<u>\$1,458</u>	<u>\$1,551</u>
<u>\$1,000,000/\$3,000,000</u>	<u>\$645</u>	<u>\$1,167</u>	<u>\$1,481</u>	<u>\$1,638</u>	<u>\$1,742</u>
<u>\$2,000,000/\$6,000,000</u>	<u>\$725</u>	<u>\$1,313</u>	<u>\$1,666</u>	<u>\$1,843</u>	<u>\$1,960</u>

<u>Limits of Coverage</u>	<u>Class II</u>				
	<u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
<u>\$250,000/\$750,000</u>	<u>\$1,238</u>	<u>\$2,241</u>	<u>\$2,843</u>	<u>\$3,145</u>	<u>\$3,345</u>
<u>\$500,000/\$1,000,000</u>	<u>\$1,377</u>	<u>\$2,493</u>	<u>\$3,163</u>	<u>\$3,498</u>	<u>\$3,722</u>
<u>\$1,000,000/\$3,000,000</u>	<u>\$1,547</u>	<u>\$2,802</u>	<u>\$3,554</u>	<u>\$3,931</u>	<u>\$4,182</u>

Occurrence

<u>Limits of Coverage</u>	<u>\$250,000/ \$750,000</u>	<u>\$500,000/ \$1,000,000</u>	<u>\$1,000,000/ \$3,000,000</u>	<u>\$2,000,000/ \$6,000,000</u>
<u>Class I</u>	<u>\$1,238</u>	<u>\$1,377</u>	<u>\$1,547</u>	<u>\$1,741</u>
<u>Class I-F</u>	<u>\$1,547</u>	<u>\$1,721</u>	<u>\$1,934</u>	<u>\$2,176</u>
<u>Class II</u>	<u>\$3,713</u>	<u>\$4,131</u>	<u>\$4,642</u>	



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Eligibility

In order for a dentist to be eligible for coverage, he or she must:

- a. Have a valid state license to practice dentistry;
- b. Not have knowingly made or caused to be made a false statement or misrepresentation of a material fact in applying for insurance.
- c. Have a claims and practice history considered to be acceptable to the Company.



FORTRESS

Policy Issued

A policy in a form approved by the Insurance Department will be delivered to each dentist insured upon receipt of the appropriate premium from said dentist.



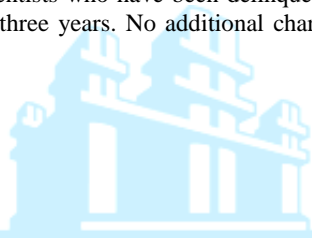
Policy Term

The term of each policy of insurance will be stated in the Declarations Page of the policy when issued. Unless otherwise requested by the dentist, policies will be written for a period of one year.



Premiums

Premiums payable on each policy of insurance will be stated on a Declarations Page of the policy when issued. Premiums are due and payable at the inception of the policy term, except that installment payments of annual premiums shall be permitted as follows: 25% of such premium shall be due on the policy inception date and 25% of such premium shall be due three, six and nine months thereafter. The installment payment option shall be available to all insured except for those dentists who have been delinquent in their payments on more than two occasions in the past three years. No additional charge will be applied for installment payments.



FORTRESS

Basis of Coverage

Coverage will be issued by the Company on a claims-made or occurrence basis at the approved rates and conditions applicable to this type of insurance.



Policy Limits

The minimum policy limits offered by the Company to dentists will be \$~~200~~250,000 per patient and \$~~600~~750,000 total limit. Increased limits will be available up to \$2,000,000 per patient and \$6,000,000 total limit.



FORTRESS

Classifications

The Company will provide

<u>Class</u>	<u>Specialty/Classification</u>
<u>Class I</u>	<u>General Dentistry</u>
	<u>Endodontics</u>
	<u>Pediatric Dentistry</u>
	<u>Orthodontics</u>
	<u>Dental Public Health</u>
	<u>Prosthodontics</u>
	<u>Periodontics</u>
<u>Class I-F</u>	<u>Oral & Maxillofacial Radiology</u>
	<u>Oral & Maxillofacial Pathology</u>
	<u>Dentists defined in Class I who administer moderate sedation, or who treat patients under moderate sedation (includes IV/IM and multi-dose oral sedation) or deep sedation (general anesthesia)</u>
	<u>Dentists defined in Class I who perform surgical placement of implants or extraction of impacted teeth</u>
<u>Class II</u>	<u>Dental Anesthesiology</u>
	<u>Dentists defined in Class I and Class I-F who administer moderate sedation to patients other than their own, or who administer deep sedation (general anesthesia)</u>

Professional Corporation, Association or Partnership

Fortress provides coverage for ~~the following classes of dentists:~~

~~Class I — General Practitioners or Specialists and for their Professional Corporations, Associations or Partnerships. Coverage would not apply to the general practitioner or specialist who is engaged in dentistry organizations on patients rendered unconscious through the administrations of general anesthesia unless the general anesthesia is administered in a duly licensed hospital or outpatient surgical center by an anesthesiologist, or certified registered nurse anesthetist supervised by such anesthesiologist; other than an insured dentist, his or her employees, or any other person or organization for whose acts or omissions the insured dentist is legally responsible.~~

~~Class 2 — Dental Anesthesiologist, who maintain a valid dental anesthesia certificate and limit their administration of general anesthesia only to patients of other dentists. The premium for this coverage will be calculated at 187.8% of the rate applicable to a Class I dentist. Only limits of \$1,000,000/\$3,000,000 are available for Class II dentists.~~

~~If a dentist practices in more than one classification the higher rated classification will apply.~~

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Professional Corporation, Association or Partnership

Coverage may be provided for a professional corporation, association or partnership on either:

A. a shared ~~limits of liability limit~~ basis with all other insured, in which case no (additional premium will be charged; or

B. insured) and via a separate additional limits of liability basis at an additional premium. In this case an Organization Policy will be issued. The limits shall be the equivalent of the highest limits applicable to the dentist insured by the Company who are members of the professional corporation, association or partnership. The premium would be the sum of the following organization policy as outlined below:

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Shared Limit Basis (Additional Insured)

A. Coverage for a dentist's sole shareholder corporation is available under his/her individual policy. A dentist may not add a corporation as an additional insured on his/her policy unless it is a sole shareholder corporation or entity, which he owns 100%.

B. Coverage may be provided on a shared limit basis to corporate entities owned 100% by an organization, which maintains a Fortress Organization policy. The additional insured entity must be endorsed onto the Fortress policy for coverage to apply. An example of an acceptable additional insured would be an organization created and 100% owned by the named insured entity to perform administrative duties for the named insured or a practice site 100% owned by the named insured operating under a separate corporate entity or trade name (DBA).

Separate Limit Basis (Organization Policy)

Coverage may be provided via a separate organization policy for an additional premium. The premium will be calculated as follows:

1. 10% of the premium for each dentist partner, shareholder and employee insured by the Company; and

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2. 20% of the premium calculated at the Company's rates, (mature rate if claims made policy is issued), for each dentist partner, shareholder and employee insured by another company carrier;

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~~In all instances involving a solo professional corporation or association, consisting of one dentist, the corporation or association will be listed as an additional insured under the individual dentist's policy and will share his or her limits of liability.~~

3. An additional surcharge may be added to groups that present a risk higher than anticipated by standard rates. Underwriting criteria to be considered include: completed organization application, historical ten year loss experience, cumulative number of years of patient experience, management control procedures, organizational structure and multi-state exposure.

To be considered for a separate limit policy the following criteria must be met:

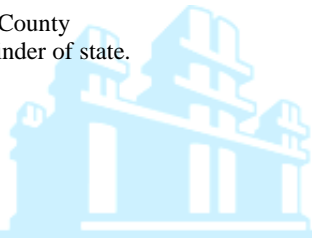
1. A minimum of 75% of the underlying dentists must be insured with Fortress and maintain limits greater than or equal to the Organization.
2. Dentists not insured with Fortress must demonstrate continuous insurance and maintain limits of liability greater than or equal to the Organization. Certificates of insurance or a copy of their Declarations Page should be provided to Fortress.
3. All dentists who maintain an ownership interest in the organization must be insured with Fortress.

Rating

The location of the dental practice determines the rating territory of an insured. If an insured practices in more than one territory, the higher rated territory shall be used to determine his or her premium.

The Territorial definitions are:

- Territory 1 – Cook County
- Territory 2 – Remainder of state.



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Deductibles

Insured who present additional risk exposure may be provided insurance subject to a policy deductible of up to \$25,000 per claim/\$75,000 annual aggregate.



Schedule Rating Program

The Company may apply a schedule credit or debit, based on underwriting judgment, to policyholders who demonstrate certain risk characteristics not contemplated in the filed rate structure. The underwriter will consider the following when determining whether to apply a schedule credit or debit:

- a. Historical loss experience;
- b. Claim anomalies in the historical loss experience;
- c. Cumulative number of years of patient experience;
- d. Management control procedures.

In recognition of the above factors, the Company will apply a credit or debit to the applicable rate based on the overall evaluation of the risk.

The maximum schedule credit is 20%.

The maximum schedule debit is 25%.

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Termination or Conditional Renewal

Policies may be cancelled by insured at any time by submitting written notice to the Company or by surrender of the policy to the Company. Policies may be cancelled or non-renewed or conditionally renewed by or on behalf of the Company, as provided for under the Insurance Laws of the state.



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Computation of Return Premium

Whether cancellation occurs by the insured or by the Company, earned premium shall be computed pro-rata.



Extended Reporting (Tail) Coverage**Extended Reporting (Tail) Coverage**

Upon cancellation or non-renewal of the policy the insured will be eligible for unlimited extended reporting (tail) coverage. The premium for this coverage will be calculated as outlined below. In the event the policy cancellation is a result of an insured's death or total disability the tail will be issued at no charge. We will also provide tail at no cost to the policyholder if he/she permanently retires from the practice of dentistry, at any age, provided he/she has been continuously insured by Fortress for five consecutive years immediately preceding retirement. If the insured permanently retires, and has not been insured by Fortress for five years immediately preceding retirement, a credit of 20% for each consecutive 12 month period will be applied to the reporting endorsement premium.

Reporting Endorsement Calculation for Individual Risks:

Mature Rate (rates in effect for current policy period)

X Part Time Factor

= *Adjusted Premium*

- Applicable Discounts* (Discount Factor X Adjusted Premium)

+ Adverse Loss Experience Surcharge (Surcharge Factor X Adjusted Premium)

= *Adjusted Discounted Premium*

X Tail Factor

= *Reporting Endorsement Premium*

* Applicable Discounts: New-to-Practice, Risk Management and Schedule Credits.

Reporting Endorsement Calculation for Corporate Risks:

Expiring Corporate Premium

X Tail Factor

= *Reporting Endorsement Premium*

Tail Factors

1 Year	.69
2 Year	1.06
3 Year	1.22

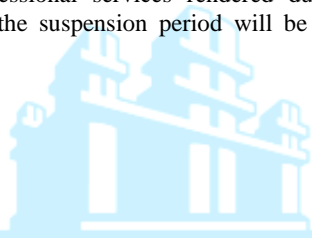
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4 Year	1.29
5 or More Years	1.31



Suspension of Insurance

In the event a dentist is removed from practice by reason of disability, sabbatical or other reason for a period of at least three (3) months but not more than two (2) years, the dentist will be issued a Suspension of Insurance Endorsement. This Endorsement will allow for the reporting of claims during the suspension period arising from acts performed by the dentist prior to the commencement of the suspension period. The Endorsement will further contain exclusion related to professional services rendered during the suspension period. The premium charged during the suspension period will be 15% of the otherwise applicable policy premium.



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New Dentist Discount

The Company will provide premium discounts for a three year period to dentists who enter either a solo or a group private practice immediately following completion of their formal training. (Such formal training shall include the time spent on active military duty.)

The premium ~~discounts~~ will be ~~applied~~calculated as follows:

~~For~~First Year

	<u>Class I & I-F</u>	<u>Class II</u>	<u>Not otherwise classified</u>
<u>Claims Made</u>	<u>\$50</u>	<u>\$175</u>	<u>\$300</u>
<u>Occurrence</u>	<u>\$100</u>	<u>\$350</u>	<u>\$600</u>

<u>Second Year</u>	<u>40% Premium Credit</u>
<u>Third Year</u>	<u>25% Premium Credit</u>

~~— Policyholders who are receiving the first year—a 60% New Dentist Discount will not be eligible for any additional premium credit~~

~~— For the second year—a 40% premium credit~~
~~— For the third year—a 25% premium credit~~

~~For credits, with~~

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The rates of discount will not be increased in the event a dentist concurrently qualifies for a rate credit related to the Company's Part-Time Practice Program. In such instances, the premium credit granted shall be the one contained in the program that would provide the greater rate of discount.

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In the event of cancellation of a claims made policy rated with the first year New Dentist Discount, the extended reporting (tail) coverage will be calculated as follows:

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First Year Fee X Tail Factor

Part-Time Practice Discounts

Fortress has established a rating structure to provide coverage for a dentist that has restricted his or her practice. A dentist must meet the following guidelines for part-time coverage in order to qualify for a reduced premium.

- 1) Dentists who are 55 years of age or older and can document (per the part-time application) that they practice less than 20 hours per week or 1000 hours per year;
- 2) Dentists who have a medically-certifiable disability which prohibits a full-time practice and who practice less than 20 hours per week or 1000 hours per year as a direct consequence of that disability;
- 3) Dentists who teach full-time in an ADA-approved training program and who are engaged in a private practice with appropriate patient follow-up not to exceed a total of 20 hours per week or 1000 hours per year outside the training institution;
- 4) Dentists who are students pursuing a medical or graduate degree on a full-time basis and are engaged in a private practice with appropriate patient follow up not to exceed a total of 20 hours per week or 1000 hours per year.
- 5) Dentists who have not reached the age of 55 who can meet all of the following requirements shown below (subject to Underwriting approval.)
 - a) Maintain a private practice of less than 20 hours per week or 1000 hours per year, and
 - b) Provide evidence that they are employed by or provide services on a fee-for-service or independent contractor basis for at least 20 hours per week or 1000 hours per year at another facility. Furthermore, the dentist must provide evidence that this other facility is providing professional liability insurance for this activity. Note: The dentist's policy will be endorsed to exclude professional services at this other facility.
- 6) Dentists who are stay-at-home care givers, who practice less than 20 hours per week or 1000 hours per year in a private practice may qualify for part-time.

To apply for part-time coverage, the dentist must complete a supplemental application for part-time coverage and provide the appropriate additional documentation. The dentist will periodically be required to submit updated documentation to verify continued part-time eligibility.

Premium discounted to part-time (50%) is calculated in the following manner:

Base rate X .50 (50%)

Risk Management Credits

A 10% Risk Management credit will be applied to the applicable rate for dentists who successfully complete a Risk Management program approved by the Company. The credit will be allowed for three (3) successive policy periods with the initial credit being applied to the first full policy period after completion of the program. However, if such completion occurs within sixty (60) days of the effective date of the current policy period, the first of the three credits will be applied to the current policy period.

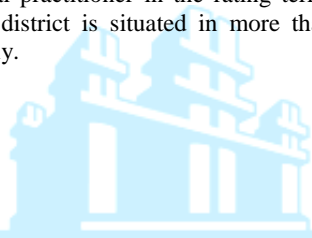


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Coverage for District Dental Societies

Professional liability coverage will be available to district dental societies by endorsement. Protection will be provided for claims for injury arising out of the district dental society rendering or failing to render professional services.

The premium for this coverage will be calculated at 15% of the rate applicable to a dentist who functions as a general practitioner in the rating territory where the district society is located. In the event the district is situated in more than one territory, the higher rated territory premium will apply.

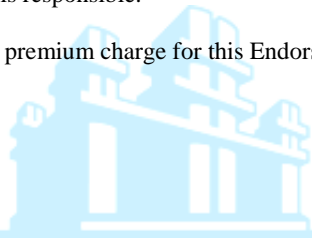


FORTRESS

Sales of Practice Additional Insured Endorsement Coverage

An Additional Insured Endorsement will be made available to policyholders to cover the former owner(s) of their dental practice. The Endorsement names the former owner(s) as an additional insured(s) and the coverage afforded by the Endorsement will be limited to the former owner's liability arising out of professional services which were provided (or should have been provided) by the insured who purchased the dental practice or by a person for whose conduct the insured is responsible.

There will be no additional premium charge for this Endorsement.



FORTRESS

DENTAL PROFESSIONAL LIABILITY INSURANCE

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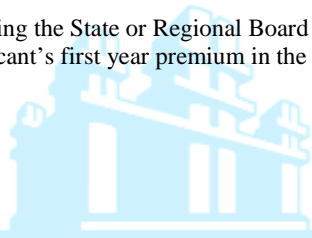
Coverage for Dental Candidates

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Professional liability coverage will be available to Dental Candidates while they are taking the State or Regional Board Examination for a license to practice dentistry in the state and only for that period of time.

All Dental Candidates will be insured by a policy providing limits of liability of \$1,000,000 per patient/\$3,000,000 total limit. The Company will charge a premium of \$25 for the policy. The policy will be issued upon payment of the policy premium.

After successfully completing the State or Regional Board Examination the \$25 premium will be applied to the applicant's first year premium in the event they secure a Fortress policy for their practice activities.



FORTRESS

Locum Tenens

Locum tenens is a Latin term that means one person who substitutes for another. Coverage can be afforded when an insured is temporarily away from his or her practice and another person practices in his or her place. The locum tenens dentist is only covered for specified dates. He or she is not afforded his or her own set of limits, but shares in our insured's limits of coverage.

This is available to our insured with the following guidelines:

- 1) The locum tenens dentist must submit a fully completed application and be approved by the underwriter prior to the first date of coverage.
- 2) If approved, locum tenens coverage will be provided at no additional charge for no more than 45 days during any one-policy period for both the individual and organization policies. If the number of days in a policy year exceeds this number, an additional premium will be calculated at 100% of the daily rate for each additional day.

FORTRESS

DENTAL PROFESSIONAL LIABILITY INSURANCE

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Loss Free Credit

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Dentists who can demonstrate a five year loss free profile as of the original effective date of coverage, and/or at the time of renewal review (evaluation period), will be eligible for a 10% discount.

For purposes of this program "loss" has been defined as any of the following occurring during the evaluation period:

- Any claim with an indemnity payment, regardless of amount;
- Frequency of two or more claims reported during a five year period, regardless of expense or indemnity payment.

If either of the above is met the loss free status reverts to 0 years as of policy issuance or the time of renewal.

The loss free credit will be extended over loss free years based on the following guidelines:

- The applicant/insured must be able to demonstrate continuous professional liability coverage during the evaluation period via: Declaration Pages, Extended Reporting Endorsements and/or Certificates of Insurance.
- The applicant/insured must be able to demonstrate five years of eligible loss free experience. Claims histories from all carriers within the last five year period must be submitted for review at the time of application. Periods of training and/or periods of alternative coverage may not be eligible for the application of the credit. Examples of alternate coverage include, but are not limited to, risk retention groups, captives, trusts, and risk purchasing groups
2)

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